



Covered California

Standardized Regulatory Impact Assessment

Proposed Regulations for the Eligibility and Enrollment in the Individual Market

Submitted to the California Department of Finance on January 12, 2018, in accordance with Senate Bill 617, chapter 496, statutes of 2011.

A. SUMMARY

1. Statement of the Need of the Proposed Regulations

In March 2010, President Obama signed federal health reform legislation called the Patient Protection and Affordable Care Act, or “Affordable Care Act” (ACA). That same year, California chose to operate its own exchange as the California Legislature enacted and the governor signed legislation establishing the California Health Benefit Exchange (now also known as “Covered California”) and its governing Board.¹ The enacting legislation required that the Exchange,

- Provide the public with clear standards and eligibility requirements to qualify for federal tax subsidies through the Exchange.
- Establish the criteria and process for eligibility determination, enrollment, and disenrollment of enrollees and potential enrollees in the Exchange.
- Establish a fair and efficient appeals process for prospective and current enrollees of the Exchange. More specifically, this action creates clear guidelines for the public to request and receive a fair hearing.

The Eligibility and Enrollment in the Individual Market regulations establish the Exchange’s policies and procedures for: (1) eligibility determination and redetermination; (2) enrollment in qualified health plans; (3) termination of coverage through the Exchange; and (4) an appeals process in the individual Exchange. They provide clear standards and eligibility requirements to qualify for federal tax subsidies through the Exchange and set out the standards and requirements for the qualified health plan issuers regarding enrollment of qualified individuals and termination of coverage for individuals who qualified through the Exchange.

2. Major Regulation Determination

The overall economic impact of these regulations will exceed \$50 million each year beginning in 2016. The impacts are the result of changes in the shares of consumer spending devoted to health insurance, healthcare services, and all other categories as well as changes in health insurance company margins and state government spending.

3. Economic Baseline

The proposed regulations were not needed prior to federal health reform legislation passed in 2010. The Exchange opened in October 2013 and its first policies became effective January 1, 2014. Prior to that date, health insurance consumers had no access to a statewide health insurance marketplace nor were federal subsidies available. For a variety of reasons, including its prohibitive cost, approximately 5 million California residents lacked health insurance. Prior to the opening of the Exchange, health insurance was acquired by individuals from insurance companies directly or through agents, as a benefit of employment, or through a public program such as Medi-Cal.

4. Public Outreach and Input

In the process of developing these regulations, the Exchange met with the Department of Health Care Services and stakeholder groups. The regulations were discussed and approved in publicly held, duly noticed meetings of the California Health Exchange Board where interested members of the public were given the opportunity to offer suggestions and comments. In conjunction with these

¹ Stats. 2010, ch. 659, section 2, (SB 900, [Alquist, Steinberg]); Stats 2010, ch. 655 (AB 1602, [Perez]).

meetings, the regulations were posted on the Exchange's web site. The proposed regulations reflect comments received from a variety of affected parties.

B. BENEFITS

The ACA has made it possible for millions of Americans to receive health care who could not previously afford it. The proposed regulations facilitate the purchase of qualified health plans through California's marketplace by individuals, most of whom are eligible for federal subsidies to offset a portion of their premiums. Expanded health coverage will improve access to quality health care for nonelderly California adults, thereby helping to save lives and increase the overall health of the public in California.

Expanding healthcare coverage through Covered California will decrease the cost for health care in California by increasing preventative care and providing health care access to more Californians. This will reduce health care costs overall and allow funds that would otherwise be spent on emergency room visits and sick patient care to be spent in other ways that benefit the health and welfare of California residents, worker safety, the environment, or on other state priorities.

Enrolling for health insurance coverage through Covered California is principally determined by a complex decision making process by individuals and firms who are influenced by four principle factors.

- First, given that employer sponsored insurance (ESI) accounts for over half of all forms of health insurance coverage, the choice of employers to offer health insurance and of employees to take up those offers is a substantial determinant of demand for individual policies, including those offered on the Exchange (see Table 1 below). Economic conditions and labor market conditions in particular can also impact the aggregate availability of ESI offers.
- Since affordability is a dominant factor for individuals that may consider purchasing coverage directly on the individual market, the provision of financial assistance by the ACA, which is only available with policies sold on the Exchange, will strongly influence take up of Exchange policies. This financial assistance is provided on a sliding scale based on each applicant's household income based on Modified Adjusted Gross Income (MAGI). Thus, similar to offers of ESI, changes in the economy, such as increases in the minimum wage, that affect family incomes will drive changes in the number of individuals eligible for assistance.
- Eligibility for no-cost Medi-Cal coverage makes that a more attractive alternative for families with income below 138 percent of the federal poverty level.
- Lastly, through 2018, most individuals who did not purchase qualified health insurance coverage through enrollment in Medicaid, Medicare, Children's Health Insurance Plan (CHIP), employer-based, or individually-purchased insurance plans faced the prospect of gradually rising federal penalties that reached \$695 per person (up to a maximum of \$2,085 per family) or 2.5 percent of taxable income in 2016.

A more extensive description of how these, and other factors, interact to determine the level of take of various forms of health insurance in California as a result of the implementation of the ACA can be found in *California Simulation of Insurance Markets (CalSIM) Version 1.8, Methodology & Assumptions*.²

1. Individuals

The financial benefit of these regulations for individuals who enroll for coverage through the Exchange is related to their prior health insurance status and their eligibility for federal subsidies. Enrollees who were previously uninsured now have better and timelier access to healthcare.

² Available at http://healthpolicy.ucla.edu/publications/Documents/PDF/calsim_methods.pdf

Enrollees who were previously insured and now receive a federal subsidy will spend less on health insurance, which allows them to spend more on non-health insurance goods and services. The spending shift is equal to the subsidies received. Spending by enrollees who were previously insured but did not receive a federal subsidy will be unchanged.

The implementation of the ACA has significantly reduced the number of Californians who lack health insurance, both by increasing coverage by Medi-Cal and by enrollment through the Exchange. Table 1 below provides a detailed breakdown of the types of coverage used by Californians under the age of 65, which indicates that the use of ESI remains the dominant source of insurance coverage.

| Table 1 Types of Coverage for Californians under Age 65 2016 (Millions of Persons) | |
|--|-------|
| Employer Sponsored Insurance (ESI) | 15.96 |
| Medi-Cal | 11.38 |
| Other Public ¹ | 0.70 |
| Individual Market | |
| On Exchange with Subsidies | 1.16 |
| On Exchange without Subsidies | 0.15 |
| Off Exchange | 0.96 |
| Uninsured | 2.81 |

Source: 2016 California Health Interview Survey

¹ Inclusive of TRI-CARE, Healthy Kids, Indian Health Services, and other military/veterans programs.

2. Businesses

Health Insurance Carriers

Health insurance carriers that participate in the Exchange will have access to previously uninsured participants and associated premium revenue streams.

Healthcare Providers

Providers of healthcare goods and services will see increased revenue from the expansion of the number of individuals with health coverage.

C. COSTS

1. Individuals

Individuals who purchase insurance on the Exchange who were previously uninsured will reduce their spending on goods and services not related to health insurance and healthcare. The reduction will be equal to the amount of the unsubsidized portion of their premiums and their additional out-of-pocket healthcare spending based on the actuarial value of the policies purchased.

2. Businesses

The proposed regulations impose no direct costs on businesses. Indirectly, businesses outside of the health insurance and healthcare industries will see a reduction in spending on the part of newly insured individuals equal to their new premiums (net of subsidies) and additional out-of-pocket healthcare spending.

D. ECONOMIC IMPACTS

1. Economic Analysis Methodology

The REMI model of the California economy was used to assess economic impacts of the proposed regulations. The annual changes to consumer and healthcare spending beginning in 2016 were entered into the model. Multiple sectors are directly impacted: pharmaceuticals, health care, physician services, dental services, paramedical services, hospitals, nursing homes, health insurance, and state government. The spending impacts were apportioned to these sectors based on premiums paid, out-of-pocket healthcare spending, and federal subsidies paid.

2. Inputs and Assumptions

Enrollment in Exchange policies will have positive and negative impacts on spending on consumer goods and services and on spending in the healthcare and finance sectors. The overall economic impact of these regulations will be determined by the number and type of persons who enroll and pay for insurance coverage through the Exchange. Enrollees consist of those that are eligible for and received federal subsidies and those that do not. Within each of these groups are those that previously had health insurance and those that didn't. The direct economic impact of this enrollment is reflected in the value of the policies sold to these groups and depends on (1) the premiums paid for the policies, (2) the extent to which the people covered by these policies were previously insured and (3) what share of the premiums paid were offset by federal Advanced Premium Tax Credits (APTC).

i. Enrollment and Payments

The impact of these regulations is fundamentally determined by the level and nature of enrollment in health plans sold through the Exchange. After the completion of its second open enrollment, 1.3 million Californians had purchased health insurance through the Exchange. The vast majority of the enrollees reported income levels that made them eligible for financial assistance—earning from 138 percent to 400 percent of the federal poverty level. Silver tier plans were the most popular, accounting for nearly two-thirds of plans selected. Half of all enrollees range from 45 to 64 years of age. The geographic distribution of Exchange enrollees closely mirrors that of the California population as a whole. Appendices 1 through 4 on pages 12 through 17 contain more information on Exchange enrollees. Appendix 6 provides a breakdown of the Covered California enrollment in 2017 by region, plan type and carrier.

Table 2 details the Health Plan Premiums paid during 2016 during which enrollees paid \$6.5 billion for health insurance premiums, \$5.8 billion of which was paid by those who received federal subsidies. Of the latter amount, \$4.2 billion was offset by APTC, with the remaining \$1.6 billion was paid directly by subsidized enrollees. In addition, \$724 million was paid as Cost Sharing Reductions (CSR) to reduce out-of-pocket expenses paid by subsidized enrollees for expenses such as copayments and deductibles.

| Table 2 2016 Covered California Healthplan Premiums \$Millions | | | |
|--|----------------|--------------------|----------------------|
| | All | Previously Insured | Previously Uninsured |
| Subsidized | \$5,772 | \$4,423 | \$1,349 |
| Un-Subsidized | \$735 | \$563 | \$172 |
| Total | \$6,508 | \$4,986 | \$1,521 |
| APTC Recieved | \$4,201 | \$3,219 | \$982 |
| Net Subsidized Premiums | \$1,572 | \$1,204 | \$367 |
| CSR | \$724 | \$555 | \$169 |

| Table 3 APTC Payments by Federal Poverty Level 2016 (\$Millions) | |
|--|-----------------|
| 138% FPL or less | \$ 89 |
| 138% FPL to 250% FPL | \$ 3,320 |
| 250% FPL to 400% FPL | \$ 783 |
| 400% FPL or greater | \$ 6 |
| FPL Unavailable | \$ 1 |
| Unsubsidized Application | \$ 1 |
| Total | \$ 4,202 |

The Medical Loss Ratio provision of the ACA requires insurance companies to spend at least 80 percent of premium payments on medical care. Expenses such as administrative costs (including the PMPM) and profits, including executive salaries, overhead, and marketing must be paid out the remaining 20 percent. In 2016, health plans paid approximately \$219 million to the Exchange in the form of a Per Member Per Month fee (PMPM).

ii. Modeling Impacts in REMI

Consumer spending not related to healthcare

Spending on goods and services not related to health insurance and healthcare in 2016 increased by \$2,687 million. Enrollees who were previously uninsured reduced their spending by the amount spent on the unsubsidized portion of their premiums and the additional out-of-pocket healthcare spending³ in 2016—\$914 million. Enrollees who previously had health insurance could increase spending not related to health insurance and healthcare by the amount of subsidies received and cost sharing reductions paid—\$3,773 million.

Healthcare and State Government Spending

Spending on health insurance increased by \$1.5 billion, which was equal to the amount of premiums paid by enrollees who were not previously insured. In accordance with the ACA, 80 percent of those premiums, or \$1,217 million, was spent on healthcare goods and services. The remaining premium revenues could be used to pay for administration, marketing, and profits, which includes fees paid to marketplaces. After paying PMPMs to the Exchange, Net Insurance spending increased \$85 million. An additional \$548 million was spent on healthcare goods and services in the form of additional out-of-pocket healthcare spending by those who were not previously insured. Thus overall spending on healthcare goods and services in 2016 increased \$1,764 million.

Table 3 shows the estimated annual spending impacts to the affected sectors using the REMI model. The total increase in spending on healthcare goods and services represents the total increase in healthcare spending resulting from the expansion of health insurance enrollment facilitated by the Exchange. This increase was distributed across the healthcare subsectors based on the relative size of these sectors according to REMI model baseline data for 2016.

³ Based on the actuarial value of the policies purchased

| Table 4 2016 Spending Impacts from Enrollment in the Exchange | | |
|---|---|----------------------|
| Component | REMI Category | Amount \$Millions |
| Net increase in consumer spending not related to health insurance and healthcare by individuals who were previously uninsured. ¹ | Consumer Spending (excluding healthcare goods and services) | \$2,687 |
| Increased spending on healthcare goods and services | Consumer Spending (healthcare) | |
| | Physician services | \$420 |
| | Dental services | \$92 |
| | Paramedical services | \$295 |
| | Hospitals | \$809 |
| | Nursing homes | \$148 |
| | Total | \$1,764 |
| Per Member Per Month fees paid to the Exchange | State Government Spending | \$219 |
| Increased health plan spending on administration, marketing, and profits (less PMPM fees) | Net health insurance | \$85 |

¹ Additional consumer spending by the previously insured who now receive subsidies net of reduction in non-health insurance spending by those previously uninsured.

These impacts were projected from 2016 through 2020 based on the assumptions that (1) total enrollment through the Exchange remains stable at approximately 1.3 million from 2016 to 2020⁴, (2) that premiums increase 6.7 percent per year on average over the same period and (3) that the ratios of spending between these sectors remains constant.

3. Impact Assessment Results

i. Competitiveness

When comparing the competitive advantage of businesses outside of California to those in California, no direct impact is projected. All of the significant effects of enrollment in individual policies sold through the Exchange will apply to all states, even those that do not operate their own exchanges. The Eligibility and Enrollment regulations will align the policies and procedures of the Health Benefit Exchange with Federal standards and are designed in such a way to preserve competitiveness and market stability.

ii. Job Impacts in California

The implementation of these regulations will have both positive and negative impacts on employment in California, but will generate an overall net positive employment impact. As modeled, total employment increased 77,000 in 2016 and an increase of about 103,900 is expected in 2020. The cumulative total over the five years is an increase of about 466,000 jobs.

iii. California Business Impacts

Since the proposed regulations only pertain to enrollment in individual health insurance policies, they will not directly result in the creation or elimination of businesses. Indirectly however, the enrollment for health insurance through the Exchange, part of which will be subsidized by the federal government, will result in additional consumer spending overall. It will also alter the mix of spending between healthcare providers, health insurance carriers and providers of other categories of consumer goods and services. In addition, the establishment and growth of a health insurance exchange in the nation's most populous state will likely attract insurance carriers who did not previously sell policies in California.

⁴ Appendix 6 describes the Exchange's forecast methodology used to derive these enrollment projections.

iv. Investment and Incentives

These regulations do not require or mandate any additional investment from individuals or businesses. Any additional investment in the state would be an indirect effect of induced changes in medical care and consumer spending. As modeled, private investment in California increased \$1,304 billion in 2016 and is expected to increase \$2,124 billion in 2020. The cumulative total over the five years is an increase of \$9,380 billion.

v. Personal Income

The direct and indirect impacts of the changes in the affected economic sectors also led to changes in personal income: an increase of \$4,735 billion in 2016 and an expected increase of \$8,751 billion in 2020. The cumulative total over the five years is an increase of \$34,642 billion.

vi. Gross State Product

Increased access to affordable health insurance in California had a positive impact on Gross State Product of \$6,321 billion in 2016 and an expected increase of \$8,921 billion in 2020. The cumulative total over the five years is an increase of \$39,093 billion.

vii. Incentives for Innovation in Products, Materials, or Processes

Improved access to affordable individual health insurance coverage will create new opportunities for individuals and businesses. Since individual health insurance will now be more readily available, the reluctance to leave a job due to uncertainties related to healthcare coverage will diminish. The dependence on employer supplied insurance (ESI) has long been thought to be a source of labor market inefficiencies⁵.

Dependence on affordable health insurance creates a substantial inhibition for workers with jobs they are not satisfied with or where their skills are not a good fit to seek other employment opportunities. Research suggests that the dependence on ESI may reduce turnover among make workers by as much as 15–25 percent for men in the absence of affordable insurance alternatives. Without an affordable source of individual health insurance, such as that offered on the Exchange, workers are discouraged from seeking new jobs at which they will be more productive and paid more or from starting a business.

In addition to improved access to affordable insurance, the ACA implemented various measures to control the cost of healthcare itself. It simplified various administrative processes that will reduce paperwork and create uniform electronic standards and operating rules used by private insurers, Medicare, and Medicaid that may save the federal government as much as \$20 billion over 10 years. At the same time the federal government made complimentary investments in health information technology. “Electronic health records will supply providers with more accurate and real-time data on their patients, as well as provide checks on drug interactions and decision support to improve the quality of care.” The ACA created, the Patient-Centered Outcomes Research Institute (PCORI) that “will empower physicians and patients with new information regarding the effectiveness of various medical technologies and interventions. The integration of the PCORI’s research findings with decision supports, guidelines, and other aspects of electronic health records should greatly enhance the information that physicians and patients can use in choosing the right tests and treatments for a particular situation.” It also created incentives for physicians and hospitals to coordinate care for patients with chronic illnesses, such as congestive heart failure, diabetes, and hypertension.

4. Summary and Interpretation of Economic Impacts

As modeled, these regulations will likely improve the California economy. Significant increases in Gross State Product, investment and personal income will lead to positive impacts throughout the

⁵ Dean Baker, AARP Public Policy Institute, Job Lock and Employer-Provided Health Insurance: Evidence from the Literature, March 2015

economy. Table 4 provides a summary of the impacts on employment, investment and incentives, personal income, and Gross State Product detailed above.

| Table 5 Difference compared to Conforming California Forecast based on REMI Simulation Analysis | | | | | | |
|--|---------|---------|---------|---------|---------|------------|
| Category | 2016 | 2017 | 2018 | 2019 | 2020 | Cumulative |
| Total Employment <i>1,000s of Jobs</i> | 77.0 | 88.5 | 95.3 | 101.2 | 103.9 | 466.0 |
| Gross Private Domestic Fixed Investment <i>Billions of Fixed (2009) Dollars</i> | \$1.304 | \$1.800 | \$2.024 | \$2.127 | \$2.124 | \$9.380 |
| Personal Income <i>Billions of Current Dollars</i> | \$4.735 | \$6.090 | \$7.047 | \$8.019 | \$8.751 | \$34.642 |
| Gross Domestic Product <i>Billions of Fixed (2009) Dollars</i> | \$6.321 | \$7.317 | \$7.965 | \$8.569 | \$8.921 | \$39.093 |

5. Federal Policy Uncertainties

Beginning with the change in the federal administration, there have been ongoing discussions and legislative proposals about repealing, replacing or making substantial changes to the Patient Protection and Affordable Care Act. These actions create a great deal of uncertainty about future enrollment in Covered California policies and thus and the level of premium payments and federal tax credits that will flow into the California economy.

Of the proposed policy changes, the elimination of the individual mandate would have the most negative short-term impact on enrollment with Covered California. The Federal Tax Reform act that passed both houses of Congress and has been (as of this writing) sent to the President's desk for signature repeals the individual mandate beginning in 2019. This could lead open enrollment and special enrollment plan selections to drop significantly, leading to a decline in enrollment potentially in excess of 400,000. Additionally, the losses would be weighted to individuals with better health status, which would lead to a deterioration in the risk mix and an increase in premiums up to 25%. While this would have substantial negative impacts on the hundreds of thousands of Californians who would either choose to or would be forced to go without coverage, the resultant rise in premiums caused by a deterioration of the risk mix would to some extent be offset by increased APTC payments which are adjusted in concert with benchmark Silver Plan premiums.

Beyond the Tax Bill, the most prominent other proposals to modify and stabilize ACA health exchange markets are included in The Bipartisan Health Care Stabilization Act of 2017. If enacted, this legislation would (1) fund the ACA's cost sharing reduction (CSR) subsidy payments to insurers; (2) streamline approval and relax affordability guidelines for 1332 Waivers; (3) add catastrophic "copper plans; (4) compel HHS to issue regulations on selling insurance across state lines; and (5) fund consumer outreach initiatives and state reinsurance programs. The principle provisions⁶ included as of mid-December 2017 are as follows:

Allow States to Offer Value-Based Insurance Plans:

- *Creates more flexibility for states in the 1332 "guardrail" on affordability to allow for more variation in cost sharing and other health plan design elements, with protections for vulnerable and low-income populations and people with serious health conditions.*
- *Would not diminish existing patient protections under the Affordable Care Act (ACA), including the prohibition on charging more for pre-existing conditions,*

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<https://www.help.senate.gov/imo/media/doc/THE%20BIPARTISAN%20HEALTH%20CARE%20STABILIZATION%20ACT%20OF%202017-%20SECTION%20BY%20SECTION.pdf>

guaranteed issue, adult child coverage up to age 26, and the prohibition on annual and lifetime limits.

More Funding Options:

- Clarifies that states can opt to redirect a portion of their premium tax credits, cost sharing reductions, small business tax credits, and Basic Health Program funds to use for programs like reinsurance or invisible high-risk pools.*
- Clarifies the “budget neutrality” test is over the entire term of a waiver and the required 10-year budget plan instead of expecting budget neutrality in the first year or every year under a waiver.*
- Fixes the “double cap” by allowing the Secretary of Health and Human Services (HHS) to take into consideration the effect of the 1332 waiver on other federal programs when calculating deficit neutrality.*
- Allows funds from the ACA Basic Health Program to be used towards a 1332 waiver and allow 1332 pass-through funding to be used for a Basic Health Program, making it easier for states with a Basic Health Plan to get a waiver.*

Streamlined 1332 Waiver Application Process:

- Allows Governors to use their existing executive authority to apply for a waiver without needing additional state legislation.*
- Reduces the HHS review period from 180 days to 90 days.*
- Establishes a fast-track 45-day approval process, while maintaining the same approval standard as for other waivers, for waivers submitted in response to an urgent situation in a state, such as the risk of “bare counties” or excessive premium increases, or waivers that are the same or similar to a waiver that has already been approved for another state. Waivers granted for urgent situations will be granted three-year provisional approval, with the option to extend, subject to approval.*
- Requires HHS to create a menu of waiver options that can help states receive approval faster.*
- More Certainty for States After a Waiver is Approved:*
- Waivers would be for 6 years, unless a shorter waiver is requested by a state. This is an increase from a current maximum period of 5 years.*
- Creates unlimited 6-year renewals of a waiver, subject to approval of the renewal.*
- Prohibits the Secretary of HHS from suspending or terminating a waiver unless the Secretary determines that the state materially failed to comply with the terms and conditions of the waiver.*

Cost Sharing Payments.

- Appropriates cost sharing reduction subsidies (CSRs) for 2017, 2018, and 2019.*
- To prevent “double dipping” by insurance companies, requires states to certify that qualified health plan issuers that receive cost sharing reduction subsidy payments after rates are filed for 2018 will ensure that consumers and the Federal Government receive a financial benefit.*

Allow All Individuals to Purchase a Lower-Premium “Copper” Plan in the Individual Market.

- Under current law, only individuals who are under the age of 30 or who meet a hardship exemption are allowed to purchase a lower premium “copper plan,” which is also known as a catastrophic health plan.*
- Section 4 allows anyone to purchase a copper plan, regardless of age or hardship status.*

- *These plans would be sold in the same risk pool as other metal-level plans.*
- *Copper plans would still be subject to same rules on out-of-pocket cost caps and benefits as catastrophic plans under current law.*

Consumer Outreach, Education, and Assistance.

- *Requires HHS to report on consumer outreach, education, and assistance activities.*
- *Allows HHS to contract with states to conduct outreach and enrollment activities funded by existing user fees designated for these activities.*
- *For plan years 2018 and 2019, requires HHS to fund outreach and enrollment activities using \$106 million from existing user fees at the level designated for these activities in the 2018 benefit rule.*

Offering Health Plans in More than One State.

- *Requires HHS to promulgate regulations for the implementation of Health Care Choice Compacts established under section 1333 of the ACA, which would allow plans to be sold across state lines in the individual or small group market.*

E. ALTERNATIVES

State law created the California Health Benefit Exchange and the Health Benefit Exchange Board thereby codifying the establishment of a state-based exchange in California consistent with the federal Affordable Care Act. It also expressly requires the Exchange to adopt all of the requirements of the federal ACA and the requirements contained in federal guidance and regulations. With these mandates to adhere to federal law and regulations, the Exchange had no ability to implement alternative approaches in general, and had only limited opportunities to consider alternative approaches to specific provisions within the regulations.

Given these constraints, there are very few instances in these regulations where the Exchange could exercise its discretion to adopt requirements in the absence of strict federal guidance. Nearly all of these cases involve administrative requirements that have no effective impact on the value of policies offered and minimal impact the number of policies sold.

1. Alternative 1: Do not expand definition of Other Qualifying Life Event to include “Victims of domestic abuse and spousal abandonment”

The imposition of guaranteed issue on insurance carriers in 2014, created the possibility for consumers to sign up and pay premiums only when they needed medical treatment. To ensure healthcare cost stability and predictability, consumers must experience a “qualifying life event” (QLE) to be eligible to enroll in coverage outside of Covered California’s open-enrollment period. When enrolling outside of open enrollment, consumers must certify that they have experienced one of several events in order to obtain coverage.

While Covered California’s QLEs largely conform to federal guidelines, the Exchange was given the option to expand the definition of Other Qualifying Life Event to include “*Victims of domestic abuse and spousal abandonment.*” The Exchange adopted this option which will entitle more individuals to enroll through the Exchange than if it had not.

i. Costs and Benefits

Alternative 1 results in less enrollment through the Exchange which would reduce the benefits of expanded insurance coverage but would also enhance the stability of the insurance risk pool during special enrollment periods and reduce the number of applications processed by the Exchange and the carriers. According to U.S. Department of Justice Special Report Nonfatal Domestic Violence, 2003–2012, April 2014, “*serious violence by immediate family members fluctuated between 0.3 and*

0.6 per 1,000 from 2003 to 2012.” During the 2016 Special Enrollment period, there were 22,700 enrollments allowed under Other Qualifying Life Event.⁷ Thus in 2016, between 700 and 1,300 enrollments may have occurred for this reason.

ii. Economic Impacts

As modeled, Alternative 1 would lead to a 0.13% reduction in enrollment and would thus lead to a very small reduction in the estimated economic impact. Compared to the baseline estimate, from 2016 through 2020, estimated employment gains would be reduced by 274,000 jobs, private investment gains by \$5.4 billion, income gains by \$19 billion, and state GDP gains by \$23 billion.

iii. Reason for Rejection

Alternative 1 was rejected because it would have led to less enrollment on the Exchange, whose mission is to increase the number of insured Californians. Lower enrollment would also lead to reduced economic benefits for California. The potential marginal additional stability for the risk pool and cost savings from processing fewer applications is far outweighed by the benefits of additional enrollment.

2. Alternative 2: Adopt Minimum Grace Period for Incomplete Applications

In order to assess an applicant’s eligibility to enroll on the Exchange and eligibility for financial assistance, applicants are asked to supply various pieces of personal information. Since many enrollment actions are executed via the Exchange’s web site (www.coveredca.com) or by a phone call to a service center, it would be unrealistic to expect each and every applicant to be able to immediately supply all information requested in real time. Therefore a grace period was granted for enrollees to supply missing information after their applications were submitted. If the missing information is not supplied during the grace period, their coverage would be terminated.

The Exchange was given the option to set the grace period for applicants who submit incomplete applications to provide the missing information. The regulations allow applicants 90 calendar days from the date they were notified that their application was incomplete to provide the missing information or until the end of the relevant enrollment period but no less than 30 days from the date of the incomplete application notice. Federal regulations allow the Exchange to set the grace period from as little as 10 calendar days to as much as 90 days from the date of the incomplete application notice.

i. Costs and Benefits

During 2014⁸, an estimated 42,500 incomplete applications were received, of which 30,700 were completed within 10 days and another 18,900 were completed within 90 days. On average each application received in 2014 represented 1.3 enrollees. Thus, limiting the grace period to 10 days would have reduced enrollment by 24,600. Since potential enrollees who submit incomplete applications can ultimately be enrolled if the missing information is supplied, their applications must be retained and tracked during the grace period. Restricting the duration of the grace period could potentially reduce the quantity of incomplete application files the Exchange must store.

ii. Economic Impacts

As modeled, Alternative 2 would lead to a 2.6% reduction in enrollment and would thus lead to a very small reduction in the estimated economic impact. Compared to the baseline estimate, from 2016 through 2020, estimated employment gains would be reduced by 273,000 jobs, private investment gains by \$5.4 billion, income gains by \$18.7 billion, and state GDP gains by \$23 billion.

iii. Reason for Rejection

⁷ Includes “Null” reason code.

⁸ The latest date that information is available.

Alternative 2 was rejected because it would have led to less enrollment on the Exchange, whose mission is to increase the number of insured Californians. Lower enrollment would also lead to reduced economic benefits for California. The potential administrative cost savings from maintaining fewer incomplete applications is far outweighed by the benefits of additional enrollment.

F. FISCAL IMPACTS

1. Local Government

The proposed regulations do not affect local government.

2. Covered California

California chose to operate its own exchange ("marketplace") thereby creating Covered California and its governing Board. The Exchange is funded exclusively by policy assessments on health plans sold through the Exchange, which totaled \$219 million in 2016. Starting in 2017, the plan assessment was changed to a Percent of Premium basis, initially set at 4 percent. No state California General Fund money can be used to support the Exchange. No liability incurred by the Exchange or any of its officers or employees may be satisfied using moneys from the General Fund.

3. Other State Agencies

Covered California interacts with a number of state publicly funded health programs which include the Department of Social Services, the Office of Systems Integration/Department of Health Care Services, the California Department of Insurance, and the Department of Managed Health Care. Typically these interactions are funded through reimbursement agreements or interagency agreements. Covered California utilizes the Health Care Trust Fund with resources largely assessed on premiums to pay interagency agreement costs. In total, the amount budgeted for FY 2017-18 is \$42.5 million paid from the Health Care Trust Fund from assessments levied on insurance premiums.

i. Department of Social Services

Government Code Section 100506.3 requires the Board to enter into a contract with the State Department of Social Services to serve as the Exchange appeals entity to hear appeals as specified. For FY 2017-18 Covered California has budgeted approximately \$11.4 million for work associated with appeals provided by Department of Social Services. To the extent there are more or less appeals in the future, the interagency agreement will be amended to adjust costs as appropriate.

In addition to appeals, the Exchange has also budgeted approximately \$3 million for a separate contract with California Department of Social Services for the purpose of reimbursing the Department of Social Services for a designated portion of the total application maintenance costs for the Statewide Automated Welfare Systems (SAWS)/California Health Care Eligibility, Enrollment & Retention System (CALHEERS) interface.

ii. Department of Managed Health Care/California Department of Insurance

Regulation and oversight of health insurance in California is performed by two departments: the Department of Managed Health Care (which primarily regulates health maintenance organizations) and the California Department of Insurance (which regulates traditional health insurance.) Most of the Health Plans offered through Covered California are regulated by the Department of Managed Health Care. Both Departments license and review rates for health plans under their jurisdiction. Health plans are required to apply for and maintain a license to operate as a health plan in California. The Departments review all aspects of the plan's operations to ensure compliance with California law. This includes, but is not limited to, Evidences of Coverage, contracts with doctors and hospitals, provider networks, and complaint and grievance systems. Additionally, the Departments review proposed premium rate increases to make sure health plans are providing detailed information to

the public to justify proposed increases. While the Departments do not have the authority to deny rate increases, their efforts improve accountability in health plan rate setting. The Departments incur costs for licensing and rate review for Covered California plans. Those costs are funded by fees assessed on plans by the Departments.

iii. Office of Systems Integration

Government Code Section 100503 requires the board to determine the criteria and process for eligibility, enrollment, and disenrollment of enrollees and potential enrollees in the Exchange and coordinate that process with state and local government entities administering other health care coverage as specified. Through interagency agreements between the Office of Systems Integration and, Covered California and the Department of Health Care Services, the State of California operates the California Health Care Eligibility, Enrollment, and Retention System (CalHEERS). This system serves as the consolidated system support for eligibility, enrollment, and retention for Covered California, Medi-Cal, and Healthy Families. As authorized by the Center for Medicaid Services (CMS), funding for the CalHEERS system is cost allocated with Covered California proposing to pay 12.1 percent and Department of Health Care Services paying 87.9 percent for FFY 2017-18. The Department of Health Care Services uses a combination of Federal Funds and State General Fund to pay their share. For FY 2017-18 Covered California has budgeted \$31.4 million to reimburse the California Office of Systems Integration for CalHEERS and other system related costs. As total project costs change and membership changes in the future, adjustments will be made to the cost allocation as necessary.

iv. Department of Health Care Services

Covered California has a number of interagency agreements and relationships with the Department of Health Care Services. These include an interagency agreement for a timekeeping system (\$115,000); access to the Medi-Cal Eligibility Data System (MEDS) (\$3,000); and support in detecting, investigating and prosecuting fraud and abuse (\$50,000).

In addition, Government Code Section 100504(a)(7) authorizes the Board to collaborate with the state Department of Health Services to the extent possible to allow an individual the option to remain enrolled with his or her carrier and provider network in the event the individual experiences a loss of eligibility of premium tax credits and becomes eligible for the Medi-Cal program or, loses eligibility for the Medi-Cal program or the Healthy Families Program and becomes eligible for premium tax credits through the exchange. Covered California and Medi-Cal have and continue to work collaboratively on transitioning consumers from one program to the other.

Furthermore when consumers determine eligibility for Medi-Cal, some will likely be determined eligible for Covered California and conversely when consumers determine eligibility for Covered California some will likely be determined eligible for Medi-Cal.

Covered California supports enrollees who are members of families or households in which other members are eligible for and receive health insurance from the state's Medi-Cal program. From 10 to 20 percent of Covered California enrollees are members of these mixed cases and present an additional workload on county eligibility workers. Medi-Cal recipients are subject to an annual recertification or renewal process that is spread evenly throughout each calendar year. Covered California's annual open enrollment period, in contrast, is limited to a few specific Open Enrollment months each year during which all of these mixed household cases are reevaluated for eligibility for Medi-Cal. This results in a very large unseasonal volume of mixed case Medi-Cal redeterminations and increased workload for local eligibility workers.

v. Employment Development Department

The Employment Development Department (EDD) provides inserting and mailing services for Covered California. Covered California provides and insert for inclusion into existing Unemployment

Insurance program jobs and mailed to approximately 4.7 million recipients. The FY 2017-18 budget for these services is \$87,000.

G. APPENDICES

1. Covered California Enrollees by Metal Tier by County
2. Covered California Enrollees by Gender by County
3. Covered California Enrollees by Age by County
4. Covered California Enrollees by Federal Poverty Level by County
5. 2017 Covered California Enrollment by Region, Plan and Carrier
6. Covered California Enrollment and Revenue Forecast

APPENDIX 1: Covered California Enrollees by Metal Tier by County

| County | Minimum Coverage | Bronze | Silver | Silver - Enhanced 73 | Silver - Enhanced 87 | Silver - Enhanced 94 | Gold | Platinum | Grand Total |
|-----------------|------------------|---------|---------|----------------------|----------------------|----------------------|--------|----------|-------------|
| Alameda | 440 | 17,650 | 9,270 | 6,170 | 14,680 | 7,120 | 3,060 | 3,040 | 61,430 |
| Alpine | 0 | 20 | 10 | 10 | 10 | 0 | 10 | 0 | 60 |
| Amador | 10 | 340 | 170 | 160 | 390 | 150 | 50 | 30 | 1,300 |
| Butte | 20 | 2,300 | 840 | 700 | 1,740 | 800 | 250 | 170 | 6,820 |
| Calaveras | 10 | 580 | 310 | 180 | 380 | 180 | 90 | 50 | 1,780 |
| Colusa | 0 | 410 | 100 | 80 | 250 | 160 | 20 | 10 | 1,030 |
| Contra Costa | 220 | 10,210 | 6,380 | 3,520 | 8,720 | 4,060 | 2,360 | 2,270 | 37,740 |
| Del Norte | 0 | 220 | 80 | 60 | 150 | 60 | 40 | 10 | 620 |
| El Dorado | 20 | 2,440 | 1,320 | 810 | 1,810 | 710 | 370 | 320 | 7,800 |
| Fresno | 90 | 5,630 | 2,030 | 1,960 | 6,310 | 3,670 | 640 | 630 | 20,960 |
| Glenn | 0 | 350 | 100 | 80 | 240 | 100 | 30 | 10 | 910 |
| Humboldt | 30 | 1,840 | 840 | 670 | 1,420 | 650 | 190 | 140 | 5,780 |
| Imperial | 10 | 3,310 | 280 | 300 | 1,020 | 640 | 80 | 30 | 5,670 |
| Inyo | 0 | 210 | 120 | 60 | 150 | 80 | 40 | 20 | 680 |
| Kern | 110 | 4,310 | 1,550 | 1,500 | 5,230 | 3,060 | 680 | 650 | 17,090 |
| Kings | 10 | 530 | 170 | 230 | 610 | 340 | 90 | 40 | 2,020 |
| Lake | 10 | 680 | 310 | 260 | 620 | 230 | 110 | 50 | 2,270 |
| Lassen | 0 | 120 | 70 | 60 | 110 | 30 | 10 | 10 | 410 |
| Los Angeles | 2,490 | 65,460 | 42,900 | 34,470 | 103,770 | 66,940 | 20,740 | 17,780 | 354,550 |
| Madera | 10 | 980 | 470 | 410 | 1,230 | 580 | 130 | 110 | 3,920 |
| Marin | 60 | 3,960 | 2,470 | 980 | 2,020 | 930 | 790 | 750 | 11,960 |
| Mariposa | 0 | 160 | 130 | 70 | 200 | 80 | 40 | 20 | 700 |
| Mendocino | 20 | 1,390 | 610 | 530 | 1,080 | 410 | 170 | 110 | 4,320 |
| Merced | 20 | 1,580 | 920 | 1,000 | 3,100 | 1,430 | 370 | 150 | 8,570 |
| Modoc | 0 | 80 | 30 | 30 | 70 | 50 | 10 | 0 | 270 |
| Mono | 0 | 350 | 120 | 100 | 210 | 80 | 30 | 20 | 910 |
| Monterey | 50 | 5,120 | 1,900 | 1,210 | 3,110 | 1,550 | 430 | 220 | 13,590 |
| Napa | 30 | 1,730 | 820 | 530 | 1,170 | 400 | 280 | 240 | 5,200 |
| Nevada | 20 | 2,220 | 930 | 620 | 1,440 | 580 | 250 | 140 | 6,200 |
| Orange | 710 | 26,010 | 17,540 | 12,260 | 34,820 | 21,090 | 8,090 | 6,440 | 126,960 |
| Placer | 70 | 4,180 | 2,230 | 1,280 | 2,970 | 1,520 | 730 | 510 | 13,490 |
| Plumas | 0 | 250 | 150 | 110 | 190 | 70 | 30 | 10 | 810 |
| Riverside | 330 | 14,410 | 7,470 | 6,240 | 18,720 | 11,010 | 3,660 | 3,410 | 65,250 |
| Sacramento | 250 | 12,750 | 4,810 | 3,940 | 11,120 | 6,210 | 1,480 | 1,610 | 42,170 |
| San Benito | 0 | 410 | 310 | 220 | 460 | 230 | 90 | 50 | 1,770 |
| San Bernardino | 260 | 11,550 | 5,390 | 4,930 | 15,080 | 9,290 | 2,460 | 2,490 | 51,450 |
| San Diego | 860 | 32,140 | 15,600 | 10,810 | 30,670 | 17,210 | 6,970 | 6,390 | 120,650 |
| San Francisco | 400 | 11,440 | 5,170 | 3,480 | 8,070 | 3,300 | 1,750 | 1,820 | 35,430 |
| San Joaquin | 110 | 5,350 | 2,640 | 2,350 | 7,390 | 3,720 | 970 | 820 | 23,350 |
| San Luis Obispo | 60 | 3,550 | 1,950 | 1,260 | 2,660 | 1,240 | 540 | 320 | 11,580 |
| San Mateo | 170 | 7,660 | 4,320 | 2,460 | 5,210 | 2,180 | 1,490 | 1,290 | 24,780 |
| Santa Barbara | 100 | 4,800 | 2,330 | 1,580 | 3,710 | 1,720 | 730 | 430 | 15,400 |
| Santa Clara | 550 | 19,830 | 8,900 | 5,370 | 12,810 | 6,930 | 2,690 | 2,270 | 59,350 |
| Santa Cruz | 40 | 3,660 | 2,540 | 1,500 | 3,350 | 1,390 | 840 | 450 | 13,770 |
| Shasta | 20 | 2,590 | 880 | 610 | 1,530 | 860 | 250 | 100 | 6,840 |
| Sierra | 0 | 30 | 10 | 10 | 30 | 10 | 10 | 0 | 100 |
| Siskiyou | 10 | 660 | 190 | 150 | 320 | 150 | 40 | 30 | 1,550 |
| Solano | 70 | 3,400 | 1,450 | 1,140 | 2,690 | 1,360 | 410 | 640 | 11,160 |
| Sonoma | 140 | 7,470 | 3,680 | 2,200 | 4,680 | 1,900 | 1,060 | 860 | 21,990 |
| Stanislaus | 60 | 3,800 | 2,190 | 2,050 | 5,500 | 2,690 | 740 | 770 | 17,800 |
| Sutter | 20 | 1,300 | 250 | 270 | 850 | 630 | 100 | 50 | 3,470 |
| Tehama | 0 | 670 | 230 | 170 | 470 | 240 | 70 | 30 | 1,880 |
| Trinity | 0 | 160 | 60 | 60 | 150 | 70 | 10 | 20 | 530 |
| Tulare | 30 | 1,710 | 1,060 | 1,300 | 3,750 | 1,790 | 390 | 160 | 10,190 |
| Tuolumne | 10 | 670 | 290 | 270 | 540 | 290 | 100 | 50 | 2,220 |
| Ventura | 150 | 9,140 | 4,950 | 3,260 | 7,920 | 4,350 | 1,580 | 1,140 | 32,490 |
| Yolo | 30 | 1,640 | 660 | 480 | 1,330 | 650 | 300 | 240 | 5,330 |
| Yuba | 10 | 480 | 170 | 170 | 520 | 230 | 50 | 50 | 1,680 |
| TOTAL | 8,140 | 325,890 | 172,670 | 126,690 | 348,750 | 197,400 | 68,990 | 59,470 | 1,308,000 |

Source: Covered California Active Member Profile

APPENDIX 2: Covered California Enrollees by Gender by County

| County | Female | Male | Grand Total |
|-----------------|---------|---------|-------------|
| Alameda | 32,070 | 29,300 | 61,370 |
| Alpine | 30 | 30 | 60 |
| Amador | 710 | 590 | 1,300 |
| Butte | 3,690 | 3,130 | 6,820 |
| Calaveras | 960 | 820 | 1,780 |
| Colusa | 530 | 480 | 1,010 |
| Contra Costa | 19,880 | 17,820 | 37,700 |
| Del Norte | 330 | 280 | 610 |
| El Dorado | 4,090 | 3,700 | 7,790 |
| Fresno | 10,660 | 10,260 | 20,920 |
| Glenn | 460 | 440 | 900 |
| Humboldt | 3,070 | 2,710 | 5,780 |
| Imperial | 2,760 | 2,890 | 5,650 |
| Inyo | 360 | 320 | 680 |
| Kern | 9,040 | 8,020 | 17,060 |
| Kings | 1,060 | 960 | 2,020 |
| Lake | 1,230 | 1,030 | 2,260 |
| Lassen | 220 | 200 | 420 |
| Los Angeles | 181,340 | 172,870 | 354,210 |
| Madera | 2,080 | 1,830 | 3,910 |
| Marin | 6,460 | 5,470 | 11,930 |
| Mariposa | 370 | 330 | 700 |
| Mendocino | 2,270 | 2,040 | 4,310 |
| Merced | 4,380 | 4,180 | 8,560 |
| Modoc | 150 | 120 | 270 |
| Mono | 440 | 460 | 900 |
| Monterey | 7,080 | 6,500 | 13,580 |
| Napa | 2,830 | 2,370 | 5,200 |
| Nevada | 3,340 | 2,840 | 6,180 |
| Orange | 66,650 | 60,220 | 126,870 |
| Placer | 7,200 | 6,280 | 13,480 |
| Plumas | 430 | 380 | 810 |
| Riverside | 34,180 | 30,970 | 65,150 |
| Sacramento | 21,730 | 20,410 | 42,140 |
| San Benito | 940 | 830 | 1,770 |
| San Bernardino | 27,250 | 24,110 | 51,360 |
| San Diego | 62,640 | 57,920 | 120,560 |
| San Francisco | 17,180 | 18,210 | 35,390 |
| San Joaquin | 12,120 | 11,200 | 23,320 |
| San Luis Obispo | 6,210 | 5,350 | 11,560 |
| San Mateo | 12,890 | 11,860 | 24,750 |
| Santa Barbara | 8,190 | 7,190 | 15,380 |
| Santa Clara | 30,710 | 28,580 | 59,290 |
| Santa Cruz | 7,190 | 6,580 | 13,770 |
| Shasta | 3,710 | 3,110 | 6,820 |
| Sierra | 40 | 60 | 100 |
| Siskiyou | 830 | 700 | 1,530 |
| Solano | 6,070 | 5,070 | 11,140 |
| Sonoma | 12,060 | 9,900 | 21,960 |
| Stanislaus | 9,380 | 8,420 | 17,800 |
| Sutter | 1,790 | 1,690 | 3,480 |
| Tehama | 1,010 | 880 | 1,890 |
| Trinity | 280 | 260 | 540 |
| Tulare | 5,300 | 4,880 | 10,180 |
| Tuolumne | 1,230 | 970 | 2,200 |
| Ventura | 17,290 | 15,180 | 32,470 |
| Yolo | 2,700 | 2,600 | 5,300 |
| Yuba | 900 | 770 | 1,670 |
| TOTAL | 679,990 | 626,570 | 1,306,560 |

Source: Covered California Active Member Profile

APPENDIX 3: Covered California Enrollees by Age by County

| County | Age 0 to 18 | Age 19 to 29 | Age 30 to 44 | Age 45 to 64 | Age 65+ | Grand Total |
|-----------------|-------------|--------------|--------------|--------------|---------|-------------|
| Alameda | 4,100 | 11,190 | 16,410 | 28,820 | 910 | 61,430 |
| Alpine | 0 | 0 | 20 | 40 | 0 | 60 |
| Amador | 60 | 140 | 240 | 830 | 20 | 1,290 |
| Butte | 330 | 980 | 1,460 | 3,940 | 110 | 6,820 |
| Calaveras | 100 | 180 | 300 | 1,170 | 30 | 1,780 |
| Colusa | 40 | 140 | 220 | 600 | 20 | 1,020 |
| Contra Costa | 2,980 | 6,400 | 8,730 | 19,030 | 610 | 37,750 |
| Del Norte | 40 | 70 | 110 | 390 | 10 | 620 |
| El Dorado | 560 | 1,080 | 1,480 | 4,580 | 110 | 7,810 |
| Fresno | 670 | 3,850 | 4,740 | 11,350 | 330 | 20,940 |
| Glenn | 40 | 110 | 170 | 580 | 10 | 910 |
| Humoldt | 320 | 770 | 1,650 | 2,970 | 70 | 5,780 |
| Imperial | 120 | 940 | 980 | 3,450 | 150 | 5,640 |
| Inyo | 40 | 80 | 160 | 390 | 10 | 680 |
| Kern | 670 | 2,940 | 3,740 | 9,480 | 250 | 17,080 |
| Kings | 50 | 290 | 410 | 1,230 | 40 | 2,020 |
| Lake | 80 | 230 | 380 | 1,550 | 40 | 2,280 |
| Lassen | 20 | 50 | 70 | 280 | 0 | 420 |
| Los Angeles | 15,380 | 66,520 | 88,340 | 179,850 | 4,450 | 354,540 |
| Madera | 170 | 620 | 750 | 2,330 | 60 | 3,930 |
| Marin | 1,330 | 1,440 | 2,260 | 6,700 | 210 | 11,940 |
| Mariposa | 30 | 80 | 150 | 410 | 20 | 690 |
| Mendocino | 220 | 410 | 980 | 2,610 | 90 | 4,310 |
| Merced | 290 | 1,490 | 1,990 | 4,650 | 160 | 8,580 |
| Modoc | 20 | 20 | 40 | 190 | 10 | 280 |
| Mono | 50 | 140 | 250 | 460 | 10 | 910 |
| Monterey | 780 | 2,180 | 3,010 | 7,410 | 210 | 13,590 |
| Napa | 360 | 860 | 1,180 | 2,720 | 80 | 5,200 |
| Nevada | 420 | 680 | 1,390 | 3,600 | 100 | 6,190 |
| Orange | 7,940 | 23,230 | 28,220 | 65,890 | 1,680 | 126,960 |
| Placer | 1,120 | 2,130 | 3,180 | 6,880 | 170 | 13,480 |
| Plumas | 20 | 70 | 120 | 580 | 10 | 800 |
| Riverside | 3,210 | 10,570 | 14,240 | 36,270 | 960 | 65,250 |
| Sacramento | 1,940 | 8,130 | 11,060 | 20,440 | 600 | 42,170 |
| San Benito | 110 | 280 | 360 | 990 | 30 | 1,770 |
| San Bernardino | 2,030 | 8,910 | 11,240 | 28,490 | 760 | 51,430 |
| San Diego | 7,380 | 21,200 | 29,440 | 60,730 | 1,890 | 120,640 |
| San Francisco | 1,560 | 6,470 | 11,050 | 15,950 | 410 | 35,440 |
| San Joaquin | 1,090 | 4,200 | 5,530 | 12,100 | 420 | 23,340 |
| San Luis Obispo | 750 | 1,740 | 2,480 | 6,430 | 170 | 11,570 |
| San Mateo | 1,860 | 4,300 | 5,670 | 12,490 | 450 | 24,770 |
| Santa Barbara | 1,000 | 2,640 | 3,240 | 8,270 | 240 | 15,390 |
| Santa Clara | 4,010 | 10,520 | 13,380 | 30,390 | 1,040 | 59,340 |
| Santa Cruz | 920 | 2,160 | 3,080 | 7,380 | 250 | 13,790 |
| Shasta | 410 | 780 | 1,460 | 4,080 | 100 | 6,830 |
| Sierra | 0 | 10 | 10 | 70 | 0 | 90 |
| Siskiyou | 60 | 150 | 250 | 1,040 | 30 | 1,530 |
| Solano | 580 | 2,060 | 2,590 | 5,750 | 170 | 11,150 |
| Sonoma | 1,650 | 3,310 | 5,010 | 11,680 | 330 | 21,980 |
| Stanislaus | 870 | 3,080 | 4,170 | 9,470 | 230 | 17,820 |
| Sutter | 120 | 590 | 870 | 1,850 | 60 | 3,490 |
| Tehama | 100 | 200 | 360 | 1,200 | 50 | 1,910 |
| Trinity | 20 | 40 | 100 | 360 | 10 | 530 |
| Tulare | 300 | 1,600 | 2,010 | 6,090 | 190 | 10,190 |
| Tuolumne | 120 | 240 | 440 | 1,360 | 40 | 2,200 |
| Ventura | 2,340 | 5,580 | 6,790 | 17,330 | 460 | 32,500 |
| Yolo | 320 | 1,080 | 1,280 | 2,560 | 80 | 5,320 |
| Yuba | 70 | 230 | 320 | 1,030 | 30 | 1,680 |
| TOTAL | 71,170 | 229,380 | 309,560 | 678,760 | 18,980 | 1,307,850 |

Source: Covered California Active Member Profile

APPENDIX 4: Covered California Enrollees by Federal Poverty Level (FPL) by County

| County | 138% FPL or less | 138% FPL to 150% FPL | 150% FPL to 200% FPL | 200% FPL to 250% FPL | 250% FPL to 400% FPL | 400% FPL or greater | Unsubsidized Application | Grand Total |
|-----------------|------------------|----------------------|----------------------|----------------------|----------------------|---------------------|--------------------------|------------------|
| Alameda | 1,660 | 6,960 | 18,820 | 11,150 | 16,890 | 2,670 | 3,270 | 61,420 |
| Alpine | 0 | 10 | 20 | 10 | 20 | 0 | 10 | 70 |
| Amador | 30 | 150 | 450 | 250 | 350 | 30 | 50 | 1,310 |
| Butte | 150 | 790 | 2,300 | 1,350 | 1,870 | 150 | 210 | 6,820 |
| Calaveras | 20 | 200 | 490 | 320 | 600 | 60 | 90 | 1,780 |
| Colusa | 40 | 160 | 440 | 160 | 190 | 10 | 20 | 1,020 |
| Contra Costa | 1,060 | 4,020 | 11,170 | 6,560 | 11,370 | 1,480 | 2,100 | 37,760 |
| Del Norte | 20 | 60 | 190 | 120 | 190 | 10 | 20 | 610 |
| El Dorado | 150 | 740 | 2,320 | 1,420 | 2,550 | 240 | 390 | 7,810 |
| Fresno | 760 | 3,610 | 8,380 | 3,560 | 3,810 | 360 | 470 | 20,950 |
| Glenn | 20 | 90 | 360 | 190 | 210 | 20 | 30 | 920 |
| Humboldt | 100 | 680 | 1,870 | 1,160 | 1,640 | 170 | 180 | 5,800 |
| Imperial | 200 | 940 | 2,410 | 1,120 | 920 | 20 | 30 | 5,640 |
| Inyo | 10 | 90 | 200 | 120 | 210 | 30 | 30 | 690 |
| Kern | 780 | 2,910 | 6,950 | 2,800 | 2,960 | 260 | 420 | 17,080 |
| Kings | 80 | 330 | 820 | 400 | 330 | 30 | 30 | 2,020 |
| Lake | 40 | 230 | 800 | 420 | 630 | 70 | 70 | 2,260 |
| Lassen | 10 | 30 | 140 | 90 | 130 | 10 | 10 | 420 |
| Los Angeles | 11,620 | 67,230 | 126,390 | 56,680 | 63,510 | 11,540 | 17,570 | 354,540 |
| Madera | 120 | 580 | 1,550 | 680 | 880 | 40 | 80 | 3,930 |
| Marin | 350 | 960 | 2,700 | 1,880 | 4,170 | 660 | 1,230 | 11,950 |
| Mariposa | 20 | 80 | 240 | 130 | 180 | 20 | 20 | 690 |
| Mendocino | 110 | 430 | 1,380 | 870 | 1,240 | 160 | 150 | 4,340 |
| Merced | 300 | 1,290 | 3,610 | 1,500 | 1,640 | 110 | 130 | 8,580 |
| Modoc | 20 | 40 | 90 | 70 | 50 | 0 | | 270 |
| Mono | 30 | 80 | 260 | 190 | 300 | 20 | 30 | 910 |
| Monterey | 400 | 1,550 | 4,350 | 2,590 | 3,950 | 300 | 460 | 13,600 |
| Napa | 120 | 420 | 1,590 | 980 | 1,640 | 180 | 280 | 5,210 |
| Nevada | 110 | 580 | 1,810 | 1,130 | 2,070 | 200 | 300 | 6,200 |
| Orange | 3,680 | 20,810 | 41,900 | 20,850 | 30,210 | 3,770 | 5,720 | 126,940 |
| Placer | 320 | 1,490 | 3,870 | 2,360 | 4,470 | 380 | 610 | 13,500 |
| Plumas | 10 | 70 | 240 | 180 | 270 | 30 | 10 | 810 |
| Riverside | 2,320 | 10,720 | 23,890 | 11,050 | 13,210 | 1,530 | 2,540 | 65,260 |
| Sacramento | 1,310 | 6,260 | 15,100 | 7,840 | 9,540 | 910 | 1,220 | 42,180 |
| San Benito | 50 | 210 | 550 | 330 | 550 | 40 | 40 | 1,770 |
| San Bernardino | 1,670 | 9,300 | 19,530 | 8,950 | 9,360 | 1,130 | 1,500 | 51,440 |
| San Diego | 3,700 | 17,490 | 40,230 | 20,520 | 28,960 | 3,780 | 5,960 | 120,640 |
| San Francisco | 930 | 3,360 | 10,640 | 6,780 | 9,020 | 1,980 | 2,720 | 35,430 |
| San Joaquin | 720 | 3,560 | 9,030 | 3,980 | 5,020 | 510 | 530 | 23,350 |
| San Luis Obispo | 210 | 1,260 | 3,360 | 2,160 | 3,830 | 370 | 370 | 11,560 |
| San Mateo | 750 | 2,170 | 6,830 | 4,490 | 7,780 | 1,090 | 1,660 | 24,770 |
| Santa Barbara | 440 | 1,760 | 4,700 | 2,850 | 4,480 | 490 | 680 | 15,400 |
| Santa Clara | 1,640 | 7,100 | 17,500 | 10,540 | 16,450 | 2,470 | 3,640 | 59,340 |
| Santa Cruz | 360 | 1,300 | 4,050 | 2,480 | 4,420 | 560 | 610 | 13,780 |
| Shasta | 140 | 890 | 2,110 | 1,230 | 2,140 | 140 | 180 | 6,830 |
| Sierra | 0 | 10 | 30 | 20 | 40 | 0 | 0 | 100 |
| Siskiyou | 20 | 160 | 480 | 310 | 470 | 30 | 70 | 1,540 |
| Solano | 330 | 1,340 | 3,580 | 2,140 | 3,120 | 300 | 330 | 11,140 |
| Sonoma | 550 | 1,950 | 6,360 | 4,040 | 7,320 | 750 | 1,020 | 21,990 |
| Stanislaus | 490 | 2,540 | 6,580 | 3,420 | 4,090 | 310 | 380 | 17,810 |
| Sutter | 140 | 630 | 1,320 | 620 | 640 | 60 | 70 | 3,480 |
| Tehama | 60 | 240 | 660 | 340 | 540 | 30 | 40 | 1,910 |
| Trinity | 10 | 70 | 180 | 120 | 130 | 10 | 10 | 530 |
| Tulare | 340 | 1,630 | 4,290 | 1,880 | 1,760 | 120 | 180 | 10,200 |
| Tuolumne | 50 | 270 | 660 | 440 | 670 | 70 | 50 | 2,210 |
| Ventura | 910 | 4,300 | 10,190 | 5,860 | 9,240 | 760 | 1,230 | 32,490 |
| Yolo | 190 | 640 | 1,840 | 970 | 1,240 | 170 | 280 | 5,330 |
| Yuba | 60 | 210 | 680 | 310 | 340 | 30 | 40 | 1,670 |
| TOTAL | 39,730 | 196,980 | 442,480 | 224,960 | 303,810 | 40,670 | 59,370 | 1,308,000 |

Source: Covered California Active Member Profile

APPENDIX 5: 2017 Covered California Enrollment by Region, Plan and Carrier

| Region | Carrier | Network Type | Metal Level | Plan Type | Premium/Mo. | Enrollment |
|--------|---------------------------------|--------------|--------------|--------------|-------------|------------|
| 1 | Alpine, Del Norte, Siskiyou, | Anthem | EPO | Catastrophic | \$ 242.92 | 230 |
| | Modoc, Lassen, Shasta, Trinity, | Anthem | EPO | Bronze | \$ 287.20 | 11,106 |
| | Humboldt, Tehama, Plumas, | Anthem | EPO | Silver | \$ 407.86 | 23,936 |
| | Nevada, Sierra, Mendocino, | Anthem | EPO | Gold | \$ 515.51 | 886 |
| | Lake, Butte, Glenn, Sutter, | Anthem | EPO | Platinum | \$ 613.25 | 367 |
| | Yuba, Colusa, Amador, | Anthem | EPO | HDHP | \$ 281.33 | 6,618 |
| | Calaveras, and Tuolumne. | Blue Shield | HMO | Silver | \$ 540.02 | 3 |
| | | Blue Shield | HMO | Gold | \$ 654.97 | - |
| | | Blue Shield | HMO | Platinum | \$ 809.41 | - |
| | | Blue Shield | PPO | Catastrophic | \$ 352.48 | 6 |
| | | Blue Shield | PPO | Bronze | \$ 382.90 | 1,601 |
| | | Blue Shield | PPO | Silver | \$ 450.37 | 9,167 |
| | | Blue Shield | PPO | Gold | \$ 559.11 | 433 |
| | | Blue Shield | PPO | Platinum | \$ 715.50 | 132 |
| | | Blue Shield | PPO | HDHP | \$ 370.84 | 1,186 |
| | HealthNet CA | HCSP | Catastrophic | | \$ 308.46 | - |
| | HealthNet CA | HCSP | Bronze | | \$ 391.40 | 4 |
| | HealthNet CA | HCSP | Silver | | \$ 519.39 | 4 |
| | HealthNet CA | HCSP | Gold | | \$ 647.36 | - |
| | HealthNet CA | HCSP | Platinum | | \$ 764.84 | 1 |
| | Kaiser | HMO | Catastrophic | | \$ 254.48 | 3 |
| | Kaiser | HMO | Bronze | | \$ 291.25 | 135 |
| | Kaiser | HMO | Silver | | \$ 401.60 | 325 |
| | Kaiser | HMO | Gold | Coinsurance | \$ 444.76 | 8 |
| | Kaiser | HMO | Gold | Copay | \$ 465.46 | 12 |
| | Kaiser | HMO | Platinum | | \$ 513.73 | 23 |
| | Kaiser | HMO | HDHP | | \$ 293.65 | 31 |

| Region | Carrier | Network Type | Metal Level | Plan Type | Premium/Mo. | Enrollment |
|--------|----------------------------------|----------------|-------------|--------------|-----------------------|------------|
| 2 | Napa, Sonoma, Solano, and Marin. | Anthem | EPO | Catastrophic | \$ 314.56 | 36 |
| | | Anthem | EPO | Bronze | \$ 371.90 | 1,717 |
| | | Anthem | EPO | Silver | \$ 528.13 | 1,438 |
| | | Anthem | EPO | Gold | \$ 667.54 | 125 |
| | | Anthem | EPO | Platinum | \$ 794.09 | 125 |
| | | Anthem | EPO | HDHP | \$ 364.28 | 716 |
| | | Blue Shield | HMO | Silver | \$ 536.46 | - |
| | | Blue Shield | HMO | Gold | \$ 650.65 | - |
| | | Blue Shield | HMO | Platinum | \$ 804.08 | - |
| | | Blue Shield | PPO | Catastrophic | \$ 369.51 | 8 |
| | | Blue Shield | PPO | Bronze | \$ 401.40 | 919 |
| | | Blue Shield | PPO | Silver | \$ 472.13 | 6,379 |
| | | Blue Shield | PPO | Gold | \$ 586.14 | 670 |
| | | Blue Shield | PPO | Platinum | \$ 750.08 | 155 |
| | | Blue Shield | PPO | HDHP | \$ 388.77 | 533 |
| | | HealthNet Life | EPO | Catastrophic | \$ 299.07 | 9 |
| | | HealthNet Life | EPO | Bronze | \$ 379.47 | 135 |
| | | HealthNet Life | EPO | Silver | \$ 503.56 | 168 |
| | | HealthNet Life | EPO | Gold | \$ 627.62 | 15 |
| | | HealthNet Life | EPO | Platinum | \$ 741.53 | 10 |
| | | Kaiser | HMO | Catastrophic | \$ 267.88 | 223 |
| | | Kaiser | HMO | Bronze | \$ 306.58 | 8,239 |
| | | Kaiser | HMO | Silver | \$ 422.74 | 16,935 |
| | | Kaiser | HMO | Gold | Coinsurance \$ 468.16 | 510 |
| | | Kaiser | HMO | Gold | Copay \$ 489.96 | 1,308 |
| | | Kaiser | HMO | Platinum | \$ 540.77 | 1,489 |
| | | Kaiser | HMO | HDHP | \$ 309.10 | 2,881 |
| | | Western | HMO | Catastrophic | \$ 246.73 | 91 |
| | | Western | HMO | Bronze | \$ 302.85 | 2,448 |
| | | Western | HMO | Silver | \$ 395.04 | 4,498 |
| | | Western | HMO | Gold | \$ 473.87 | 230 |
| | | Western | HMO | Platinum | \$ 513.73 | 214 |
| | | Western | HMO | HDHP | \$ 310.04 | 483 |

| Region | Carrier | Network Type | Metal Level | Plan Type | Premium/Mo. | Enrollment |
|--------|--|--------------|-------------|--------------|-----------------------|------------|
| 3 | Sacramento, Placer, El Dorado, and Yolo. | Anthem | HMO | Silver | \$ 705.61 | 4 |
| | | Anthem | HMO | Gold | \$ 863.53 | 1 |
| | | Anthem | HMO | Platinum | \$ 1,039.92 | 3 |
| | | Anthem | EPO | Catastrophic | \$ 280.47 | 109 |
| | | Anthem | EPO | Bronze | \$ 331.60 | 5,115 |
| | | Anthem | EPO | Silver | \$ 470.89 | 5,953 |
| | | Anthem | EPO | Gold | \$ 595.19 | 153 |
| | | Anthem | EPO | Platinum | \$ 708.02 | 115 |
| | | Anthem | EPO | HDHP | \$ 324.80 | 2,415 |
| | | Blue Shield | HMO | Silver | \$ 512.04 | 33 |
| | | Blue Shield | HMO | Gold | \$ 621.04 | 5 |
| | | Blue Shield | HMO | Platinum | \$ 767.48 | 1 |
| | | Blue Shield | PPO | Catastrophic | \$ 374.85 | 11 |
| | | Blue Shield | PPO | Bronze | \$ 407.19 | 1,240 |
| | | Blue Shield | PPO | Silver | \$ 478.95 | 8,350 |
| | | Blue Shield | PPO | Gold | \$ 594.59 | 611 |
| | | Blue Shield | PPO | Platinum | \$ 760.90 | 249 |
| | | Blue Shield | PPO | HDHP | \$ 394.37 | 696 |
| | | HealthNet CA | HCSP | Catastrophic | \$ 297.72 | 5 |
| | | HealthNet CA | HCSP | Bronze | \$ 377.78 | 111 |
| | | HealthNet CA | HCSP | Silver | \$ 501.31 | 68 |
| | | HealthNet CA | HCSP | Gold | \$ 624.82 | 6 |
| | | HealthNet CA | HCSP | Platinum | \$ 738.22 | 3 |
| | | Kaiser | HMO | Catastrophic | \$ 254.48 | 397 |
| | | Kaiser | HMO | Bronze | \$ 291.25 | 11,093 |
| | | Kaiser | HMO | Silver | \$ 401.60 | 28,809 |
| | | Kaiser | HMO | Gold | Coinsurance \$ 444.76 | 729 |
| | | Kaiser | HMO | Gold | Copay \$ 465.46 | 1,575 |
| | | Kaiser | HMO | Platinum | \$ 513.73 | 1,768 |
| | | Kaiser | HMO | HDHP | \$ 293.65 | 3,593 |
| | | Western | HMO | Catastrophic | \$ 271.29 | 28 |
| | | Western | HMO | Bronze | \$ 332.60 | 799 |
| | | Western | HMO | Silver | \$ 426.16 | 3,403 |
| | | Western | HMO | Gold | \$ 511.80 | 276 |
| | | Western | HMO | Platinum | \$ 567.22 | 222 |
| | | Western | HMO | HDHP | \$ 344.00 | 190 |

| Region | Carrier | Network Type | Metal Level | Plan Type | Premium/Mo. | Enrollment |
|--------|----------------|----------------|-------------|--------------|-----------------------|------------|
| 4 | San Francisco. | Anthem | EPO | Catastrophic | \$ 323.42 | 55 |
| | | Anthem | EPO | Bronze | \$ 382.38 | 922 |
| | | Anthem | EPO | Silver | \$ 543.01 | 803 |
| | | Anthem | EPO | Gold | \$ 686.34 | 85 |
| | | Anthem | EPO | Platinum | \$ 816.46 | 126 |
| | | Anthem | EPO | HDHP | \$ 374.54 | 479 |
| | | Blue Shield | HMO | Silver | \$ 496.69 | 52 |
| | | Blue Shield | HMO | Gold | \$ 602.42 | 21 |
| | | Blue Shield | HMO | Platinum | \$ 744.47 | 3 |
| | | Blue Shield | PPO | Catastrophic | \$ 378.59 | 46 |
| | | Blue Shield | PPO | Bronze | \$ 411.26 | 1,013 |
| | | Blue Shield | PPO | Silver | \$ 483.73 | 6,298 |
| | | Blue Shield | PPO | Gold | \$ 600.53 | 860 |
| | | Blue Shield | PPO | Platinum | \$ 768.51 | 380 |
| | | Blue Shield | PPO | HDHP | \$ 398.31 | 474 |
| | | Chinese C. | HMO | Catastrophic | \$ 310.27 | 12 |
| | | Chinese C. | HMO | Bronze | \$ 313.64 | 3,358 |
| | | Chinese C. | HMO | Silver | \$ 406.85 | 6,100 |
| | | Chinese C. | HMO | Gold | \$ 501.58 | 59 |
| | | Chinese C. | HMO | Platinum | \$ 553.40 | 58 |
| | | HealthNet Life | EPO | Catastrophic | \$ 322.61 | 27 |
| | | HealthNet Life | EPO | Bronze | \$ 409.35 | 79 |
| | | HealthNet Life | EPO | Silver | \$ 543.20 | 93 |
| | | HealthNet Life | EPO | Gold | \$ 677.03 | 4 |
| | | HealthNet Life | EPO | Platinum | \$ 799.91 | 13 |
| | | Kaiser | HMO | Catastrophic | \$ 281.27 | 411 |
| | | Kaiser | HMO | Bronze | \$ 321.91 | 5,163 |
| | | Kaiser | HMO | Silver | \$ 443.88 | 6,811 |
| | | Kaiser | HMO | Gold | Coinsurance \$ 491.57 | 234 |
| | | Kaiser | HMO | Gold | Copay \$ 514.46 | 546 |
| | | Kaiser | HMO | Platinum | \$ 567.81 | 646 |
| | | Kaiser | HMO | HDHP | \$ 324.56 | 1,736 |
| | | Oscar | EPO | Catastrophic | \$ 350.95 | 1 |
| | | Oscar | EPO | Bronze | \$ 371.60 | 42 |
| | | Oscar | EPO | Silver | \$ 482.98 | 32 |
| | | Oscar | EPO | Gold | \$ 559.52 | 16 |
| | | Oscar | EPO | Platinum | \$ 635.63 | 7 |

| Region | Carrier | Network Type | Metal Level | Plan Type | Premium/Mo. | Enrollment |
|--------|---------------|----------------|-------------|--------------|-----------------------|------------|
| 5 | Contra Costa. | Anthem | EPO | Catastrophic | \$ 314.08 | 21 |
| | | Anthem | EPO | Bronze | \$ 371.34 | 397 |
| | | Anthem | EPO | Silver | \$ 527.33 | 365 |
| | | Anthem | EPO | Gold | \$ 666.53 | 34 |
| | | Anthem | EPO | Platinum | \$ 792.88 | 37 |
| | | Anthem | EPO | HDHP | \$ 363.73 | 199 |
| | | Blue Shield | HMO | Silver | \$ 523.24 | 18 |
| | | Blue Shield | HMO | Gold | \$ 634.63 | 2 |
| | | Blue Shield | HMO | Platinum | \$ 784.27 | 1 |
| | | Blue Shield | PPO | Catastrophic | \$ 352.49 | 12 |
| | | Blue Shield | PPO | Bronze | \$ 382.91 | 1,172 |
| | | Blue Shield | PPO | Silver | \$ 450.38 | 9,499 |
| | | Blue Shield | PPO | Gold | \$ 559.13 | 1,004 |
| | | Blue Shield | PPO | Platinum | \$ 715.52 | 267 |
| | | Blue Shield | PPO | HDHP | \$ 370.85 | 510 |
| | | HealthNet Life | EPO | Catastrophic | \$ 290.68 | 25 |
| | | HealthNet Life | EPO | Bronze | \$ 368.83 | 175 |
| | | HealthNet Life | EPO | Silver | \$ 489.43 | 233 |
| | | HealthNet Life | EPO | Gold | \$ 610.02 | 35 |
| | | HealthNet Life | EPO | Platinum | \$ 720.74 | 16 |
| | | Kaiser | HMO | Catastrophic | \$ 254.48 | 247 |
| | | Kaiser | HMO | Bronze | \$ 291.25 | 6,394 |
| | | Kaiser | HMO | Silver | \$ 401.60 | 15,667 |
| | | Kaiser | HMO | Gold | Coinsurance \$ 444.76 | 633 |
| | | Kaiser | HMO | Gold | Copay \$ 465.46 | 1,274 |
| | | Kaiser | HMO | Platinum | \$ 513.73 | 1,427 |
| | | Kaiser | HMO | HDHP | \$ 293.65 | 2,056 |

| Region | Carrier | Network Type | Metal Level | Plan Type | Premium/Mo. | Enrollment |
|--------|----------|--------------|-------------|--------------|-----------------------|------------|
| 6 | Alameda. | Anthem | EPO | Catastrophic | \$ 314.84 | 46 |
| | | Anthem | EPO | Bronze | \$ 372.23 | 1,199 |
| | | Anthem | EPO | Silver | \$ 528.59 | 1,392 |
| | | Anthem | EPO | Gold | \$ 668.13 | 115 |
| | | Anthem | EPO | Platinum | \$ 794.79 | 102 |
| | | Anthem | EPO | HDHP | \$ 364.60 | 386 |
| | | Blue Shield | HMO | Silver | \$ 418.62 | 27 |
| | | Blue Shield | HMO | Gold | \$ 507.73 | 3 |
| | | Blue Shield | HMO | Platinum | \$ 627.45 | - |
| | | Blue Shield | PPO | Catastrophic | \$ 324.58 | 27 |
| | | Blue Shield | PPO | Bronze | \$ 352.59 | 2,483 |
| | | Blue Shield | PPO | Silver | \$ 414.72 | 15,101 |
| | | Blue Shield | PPO | Gold | \$ 514.86 | 1,125 |
| | | Blue Shield | PPO | Platinum | \$ 658.87 | 401 |
| | | Blue Shield | PPO | HDHP | \$ 341.49 | 916 |
| | | Kaiser | HMO | Catastrophic | \$ 261.19 | 561 |
| | | Kaiser | HMO | Bronze | \$ 298.91 | 11,534 |
| | | Kaiser | HMO | Silver | \$ 412.17 | 20,503 |
| | | Kaiser | HMO | Gold | Coinsurance \$ 456.46 | 608 |
| | | Kaiser | HMO | Gold | Copay \$ 477.71 | 1,501 |
| | | Kaiser | HMO | Platinum | \$ 527.25 | 1,867 |
| | | Kaiser | HMO | HDHP | \$ 301.38 | 3,819 |

| Region | Carrier | Network Type | Metal Level | Plan Type | Premium/Mo. | Enrollment |
|--------|--------------|--------------|-------------|--------------|-----------------------|------------|
| 7 | Santa Clara. | Anthem | HMO | Silver | \$ 446.76 | 644 |
| | | Anthem | HMO | Gold | \$ 546.75 | 29 |
| | | Anthem | HMO | Platinum | \$ 658.36 | 10 |
| | | Anthem | EPO | Catastrophic | \$ 243.85 | 194 |
| | | Anthem | EPO | Bronze | \$ 288.30 | 6,539 |
| | | Anthem | EPO | Silver | \$ 409.41 | 10,266 |
| | | Anthem | EPO | Gold | \$ 517.47 | 307 |
| | | Anthem | EPO | Platinum | \$ 615.59 | 118 |
| | | Anthem | EPO | HDHP | \$ 282.40 | 2,313 |
| | | Blue Shield | HMO | Silver | \$ 448.13 | 307 |
| | | Blue Shield | HMO | Gold | \$ 543.52 | 17 |
| | | Blue Shield | HMO | Platinum | \$ 671.68 | 1 |
| | | Blue Shield | PPO | Catastrophic | \$ 407.73 | 12 |
| | | Blue Shield | PPO | Bronze | \$ 442.92 | 861 |
| | | Blue Shield | PPO | Silver | \$ 520.96 | 3,897 |
| | | Blue Shield | PPO | Gold | \$ 646.75 | 529 |
| | | Blue Shield | PPO | Platinum | \$ 827.65 | 154 |
| | | Blue Shield | PPO | HDHP | \$ 428.97 | 342 |
| | | HealthNet CA | HCSP | Catastrophic | \$ 285.20 | 11 |
| | | HealthNet CA | HCSP | Bronze | \$ 361.88 | 257 |
| | | HealthNet CA | HCSP | Silver | \$ 480.21 | 625 |
| | | HealthNet CA | HCSP | Gold | \$ 598.52 | 54 |
| | | HealthNet CA | HCSP | Platinum | \$ 707.15 | 37 |
| | | Kaiser | HMO | Catastrophic | \$ 261.19 | 297 |
| | | Kaiser | HMO | Bronze | \$ 298.91 | 7,351 |
| | | Kaiser | HMO | Silver | \$ 412.17 | 13,731 |
| | | Kaiser | HMO | Gold | Coinsurance \$ 456.46 | 421 |
| | | Kaiser | HMO | Gold | Copay \$ 477.71 | 1,083 |
| | | Kaiser | HMO | Platinum | \$ 527.25 | 1,219 |
| | | Kaiser | HMO | HDHP | \$ 301.38 | 2,258 |
| | | Valley | HMO | Catastrophic | \$ 223.48 | 223 |
| | | Valley | HMO | Bronze | \$ 277.85 | 1,707 |
| | | Valley | HMO | Silver | \$ 367.58 | 3,737 |
| | | Valley | HMO | Gold | \$ 427.53 | 141 |
| | | Valley | HMO | Platinum | \$ 480.64 | 74 |

| Region | Carrier | Network Type | Metal Level | Plan Type | Premium/Mo. | Enrollment |
|--------|------------|----------------|-------------|--------------|-----------------------|------------|
| 8 | San Mateo. | Anthem | EPO | Catastrophic | \$ 305.98 | 42 |
| | | Anthem | EPO | Bronze | \$ 361.75 | 932 |
| | | Anthem | EPO | Silver | \$ 513.72 | 1,149 |
| | | Anthem | EPO | Gold | \$ 649.31 | 87 |
| | | Anthem | EPO | Platinum | \$ 772.42 | 48 |
| | | Anthem | EPO | HDHP | \$ 354.34 | 393 |
| | | Blue Shield | HMO | Silver | \$ 564.39 | 24 |
| | | Blue Shield | HMO | Gold | \$ 684.53 | - |
| | | Blue Shield | HMO | Platinum | \$ 845.94 | 1 |
| | | Blue Shield | PPO | Catastrophic | \$ 425.56 | 9 |
| | | Blue Shield | PPO | Bronze | \$ 462.29 | 501 |
| | | Blue Shield | PPO | Silver | \$ 543.75 | 2,566 |
| | | Blue Shield | PPO | Gold | \$ 675.04 | 375 |
| | | Blue Shield | PPO | Platinum | \$ 863.85 | 94 |
| | | Blue Shield | PPO | HDHP | \$ 447.73 | 248 |
| | | Chinese C. | HMO | Catastrophic | \$ 339.75 | 1 |
| | | Chinese C. | HMO | Bronze | \$ 343.44 | 724 |
| | | Chinese C. | HMO | Silver | \$ 445.50 | 1,287 |
| | | Chinese C. | HMO | Gold | \$ 549.23 | 8 |
| | | Chinese C. | HMO | Platinum | \$ 605.97 | 5 |
| | | HealthNet Life | EPO | Catastrophic | \$ 347.02 | 11 |
| | | HealthNet Life | EPO | Bronze | \$ 440.32 | 194 |
| | | HealthNet Life | EPO | Silver | \$ 584.29 | 326 |
| | | HealthNet Life | EPO | Gold | \$ 728.25 | 56 |
| | | HealthNet Life | EPO | Platinum | \$ 860.42 | 30 |
| | | Kaiser | HMO | Catastrophic | \$ 281.27 | 197 |
| | | Kaiser | HMO | Bronze | \$ 321.91 | 4,079 |
| | | Kaiser | HMO | Silver | \$ 443.88 | 8,806 |
| | | Kaiser | HMO | Gold | Coinsurance \$ 491.57 | 305 |
| | | Kaiser | HMO | Gold | Copay \$ 514.46 | 628 |
| | | Kaiser | HMO | Platinum | \$ 567.81 | 705 |
| | | Kaiser | HMO | HDHP | \$ 324.56 | 1,186 |

| Region | Carrier | Network Type | Metal Level | Plan Type | Premium/Mo. | Enrollment |
|--------|---------------------------------------|----------------|-------------|--------------|-----------------------|------------|
| 9 | Santa Cruz, Monterey, and San Benito. | Anthem | EPO | Catastrophic | \$ 335.51 | 60 |
| | | Anthem | EPO | Bronze | \$ 396.68 | 4,273 |
| | | Anthem | EPO | Silver | \$ 563.30 | 4,893 |
| | | Anthem | EPO | Gold | \$ 712.00 | 159 |
| | | Anthem | EPO | Platinum | \$ 846.98 | 77 |
| | | Anthem | EPO | HDHP | \$ 388.55 | 1,815 |
| | | Blue Shield | HMO | Silver | \$ 417.37 | 2,380 |
| | | Blue Shield | HMO | Gold | \$ 506.21 | 51 |
| | | Blue Shield | HMO | Platinum | \$ 625.58 | 3 |
| | | Blue Shield | PPO | Catastrophic | \$ 421.19 | 9 |
| | | Blue Shield | PPO | Bronze | \$ 457.54 | 1,440 |
| | | Blue Shield | PPO | Silver | \$ 538.17 | 7,465 |
| | | Blue Shield | PPO | Gold | \$ 668.11 | 394 |
| | | Blue Shield | PPO | Platinum | \$ 854.99 | 94 |
| | | Blue Shield | PPO | HDHP | \$ 443.14 | 553 |
| | | HealthNet Life | EPO | Catastrophic | \$ 302.76 | 15 |
| | | HealthNet Life | EPO | Bronze | \$ 384.16 | 304 |
| | | HealthNet Life | EPO | Silver | \$ 509.78 | 225 |
| | | HealthNet Life | EPO | Gold | \$ 635.38 | 12 |
| | | HealthNet Life | EPO | Platinum | \$ 750.69 | 10 |
| | | Kaiser | HMO | Catastrophic | \$ 261.19 | 43 |
| | | Kaiser | HMO | Bronze | \$ 298.91 | 1,959 |
| | | Kaiser | HMO | Silver | \$ 412.17 | 1,859 |
| | | Kaiser | HMO | Gold | Coinsurance \$ 456.46 | 108 |
| | | Kaiser | HMO | Gold | Copay \$ 477.71 | 87 |
| | | Kaiser | HMO | Platinum | \$ 527.25 | 55 |
| | | Kaiser | HMO | HDHP | \$ 301.38 | 704 |

| Region | Carrier | Network Type | Metal Level | Plan Type | Premium/Mo. | Enrollment |
|--------|--|----------------|-------------|--------------|-----------------------|------------|
| 10 | San Joaquin, Stanislaus, Merced, Mariposa, and Tulare. | Anthem | EPO | Catastrophic | \$ 208.58 | 203 |
| | | Anthem | EPO | Bronze | \$ 246.58 | 7,549 |
| | | Anthem | EPO | Silver | \$ 350.18 | 32,272 |
| | | Anthem | EPO | Gold | \$ 442.58 | 1,238 |
| | | Anthem | EPO | Platinum | \$ 526.48 | 797 |
| | | Anthem | EPO | HDHP | \$ 241.55 | 2,949 |
| | | Blue Shield | HMO | Silver | \$ 468.57 | 23 |
| | | Blue Shield | HMO | Gold | \$ 568.31 | - |
| | | Blue Shield | HMO | Platinum | \$ 702.32 | 1 |
| | | Blue Shield | PPO | Catastrophic | \$ 354.07 | - |
| | | Blue Shield | PPO | Bronze | \$ 384.63 | 263 |
| | | Blue Shield | PPO | Silver | \$ 452.41 | 2,898 |
| | | Blue Shield | PPO | Gold | \$ 561.65 | 212 |
| | | Blue Shield | PPO | Platinum | \$ 718.75 | 80 |
| | | Blue Shield | PPO | HDHP | \$ 372.52 | 123 |
| | | HealthNet Life | EPO | Catastrophic | \$ 296.24 | 7 |
| | | HealthNet Life | EPO | Bronze | \$ 375.90 | 100 |
| | | HealthNet Life | EPO | Silver | \$ 498.82 | 162 |
| | | HealthNet Life | EPO | Gold | \$ 621.72 | 12 |
| | | HealthNet Life | EPO | Platinum | \$ 734.55 | 2 |
| | | Kaiser | HMO | Catastrophic | \$ 227.70 | 149 |
| | | Kaiser | HMO | Bronze | \$ 260.59 | 3,831 |
| | | Kaiser | HMO | Silver | \$ 359.33 | 11,146 |
| | | Kaiser | HMO | Gold | Coinsurance \$ 397.94 | 325 |
| | | Kaiser | HMO | Gold | Copay \$ 416.47 | 725 |
| | | Kaiser | HMO | Platinum | \$ 459.65 | 1,009 |
| | | Kaiser | HMO | HDHP | \$ 262.74 | 1,070 |

| Region | Carrier | Network Type | Metal Level | Plan Type | Premium/Mo. | Enrollment |
|--------|----------------------------|--------------|-------------|--------------|-----------------------|------------|
| 11 | Madera, Fresno, and Kings. | Anthem | HMO | Silver | \$ 411.64 | 113 |
| | | Anthem | HMO | Gold | \$ 503.80 | 13 |
| | | Anthem | HMO | Platinum | \$ 606.68 | 13 |
| | | Anthem | PPO | Catastrophic | \$ 212.52 | 104 |
| | | Anthem | PPO | Bronze | \$ 251.22 | 2,493 |
| | | Anthem | PPO | Silver | \$ 356.78 | 4,501 |
| | | Anthem | PPO | Gold | \$ 450.92 | 220 |
| | | Anthem | PPO | Platinum | \$ 536.40 | 132 |
| | | Anthem | PPO | HDHP | \$ 246.10 | 1,561 |
| | | Blue Shield | PPO | Catastrophic | \$ 253.88 | 8 |
| | | Blue Shield | PPO | Bronze | \$ 275.79 | 789 |
| | | Blue Shield | PPO | Silver | \$ 324.39 | 11,924 |
| | | Blue Shield | PPO | Gold | \$ 402.72 | 426 |
| | | Blue Shield | PPO | Platinum | \$ 515.36 | 107 |
| | | Blue Shield | PPO | HDHP | \$ 267.11 | 185 |
| | | HealthNet CA | HCSP | Catastrophic | \$ 265.34 | 1 |
| | | HealthNet CA | HCSP | Bronze | \$ 336.68 | 17 |
| | | HealthNet CA | HCSP | Silver | \$ 446.76 | 11 |
| | | HealthNet CA | HCSP | Gold | \$ 556.84 | 4 |
| | | HealthNet CA | HCSP | Platinum | \$ 657.90 | 3 |
| | | Kaiser | HMO | Catastrophic | \$ 216.98 | 92 |
| | | Kaiser | HMO | Bronze | \$ 248.33 | 2,012 |
| | | Kaiser | HMO | Silver | \$ 342.42 | 5,528 |
| | | Kaiser | HMO | Gold | Coinsurance \$ 379.21 | 118 |
| | | Kaiser | HMO | Gold | Copay \$ 396.87 | 345 |
| | | Kaiser | HMO | Platinum | \$ 438.02 | 420 |
| | | Kaiser | HMO | HDHP | \$ 250.37 | 712 |

| Region | Carrier | Network Type | Metal Level | Plan Type | Premium/Mo. | Enrollment |
|--------|--|--------------|-------------|--------------|-----------------------|------------|
| 12 | San Luis Obispo, Santa Barbara, and Ventura. | Anthem | PPO | Catastrophic | \$ 260.16 | 266 |
| | | Anthem | PPO | Bronze | \$ 307.54 | 7,769 |
| | | Anthem | PPO | Silver | \$ 436.77 | 10,789 |
| | | Anthem | PPO | Gold | \$ 552.01 | 693 |
| | | Anthem | PPO | Platinum | \$ 656.65 | 509 |
| | | Anthem | PPO | HDHP | \$ 301.28 | 4,520 |
| | | Blue Shield | HMO | Silver | \$ 327.84 | 1,618 |
| | | Blue Shield | HMO | Gold | \$ 397.63 | 64 |
| | | Blue Shield | HMO | Platinum | \$ 491.39 | 7 |
| | | Blue Shield | PPO | Catastrophic | \$ 304.96 | 25 |
| | | Blue Shield | PPO | Bronze | \$ 331.28 | 2,276 |
| | | Blue Shield | PPO | Silver | \$ 389.65 | 25,890 |
| | | Blue Shield | PPO | Gold | \$ 483.74 | 1,430 |
| | | Blue Shield | PPO | Platinum | \$ 619.04 | 336 |
| | | Blue Shield | PPO | HDHP | \$ 320.85 | 764 |
| | | Kaiser | HMO | Catastrophic | \$ 244.04 | 87 |
| | | Kaiser | HMO | Bronze | \$ 279.29 | 2,804 |
| | | Kaiser | HMO | Silver | \$ 385.11 | 4,405 |
| | | Kaiser | HMO | Gold | Coinsurance \$ 426.50 | 152 |
| | | Kaiser | HMO | Gold | Copay \$ 446.35 | 328 |
| | | Kaiser | HMO | Platinum | \$ 492.64 | 374 |
| | | Kaiser | HMO | HDHP | \$ 281.59 | 983 |

| Region | Carrier | Network Type | Metal Level | Plan Type | Premium/Mo. | Enrollment |
|--------|---------------------------|--------------|-------------|--------------|-----------------------|------------|
| 13 | Mono, Inyo, and Imperial. | Anthem | PPO | Catastrophic | \$ 274.76 | 6 |
| | | Anthem | PPO | Bronze | \$ 324.79 | 1,040 |
| | | Anthem | PPO | Silver | \$ 461.27 | 1,312 |
| | | Anthem | PPO | Gold | \$ 582.97 | 65 |
| | | Anthem | PPO | Platinum | \$ 693.49 | 16 |
| | | Anthem | PPO | HDHP | \$ 318.18 | 289 |
| | | Blue Shield | PPO | Catastrophic | \$ 383.88 | - |
| | | Blue Shield | PPO | Bronze | \$ 417.01 | 206 |
| | | Blue Shield | PPO | Silver | \$ 490.49 | 796 |
| | | Blue Shield | PPO | Gold | \$ 608.93 | 46 |
| | | Blue Shield | PPO | Platinum | \$ 779.25 | 14 |
| | | Blue Shield | PPO | HDHP | \$ 403.88 | 79 |
| | | Kaiser | HMO | Catastrophic | \$ 231.72 | - |
| | | Kaiser | HMO | Bronze | \$ 265.19 | 7 |
| | | Kaiser | HMO | Silver | \$ 365.67 | 17 |
| | | Kaiser | HMO | Gold | Coinsurance \$ 404.96 | - |
| | | Kaiser | HMO | Gold | Copay \$ 423.81 | - |
| | | Kaiser | HMO | Platinum | \$ 467.76 | 1 |
| | | Kaiser | HMO | HDHP | \$ 267.37 | 2 |
| | | Molina | HMO | Catastrophic | \$ 235.98 | 9 |
| | | Molina | HMO | Bronze | \$ 242.79 | 955 |
| | | Molina | HMO | Silver | \$ 310.08 | 4,622 |
| | | Molina | HMO | Gold | \$ 347.58 | 1,733 |
| | | Molina | HMO | Platinum | \$ 401.65 | 1,398 |

| Region | | Carrier | Network Type | Metal Level | Plan Type | Premium/Mo. | Enrollment |
|--------|-------|--------------|--------------|--------------|-------------|-------------|------------|
| 14 | Kern. | Anthem | PPO | Catastrophic | | \$ 207.24 | 53 |
| | | Anthem | PPO | Bronze | | \$ 244.98 | 1,653 |
| | | Anthem | PPO | Silver | | \$ 347.91 | 2,303 |
| | | Anthem | PPO | Gold | | \$ 439.71 | 88 |
| | | Anthem | PPO | Platinum | | \$ 523.07 | 83 |
| | | Anthem | PPO | HDHP | | \$ 239.98 | 1,090 |
| | | Blue Shield | HMO | Silver | | \$ 376.51 | 13 |
| | | Blue Shield | HMO | Gold | | \$ 456.66 | 1 |
| | | Blue Shield | HMO | Platinum | | \$ 564.34 | - |
| | | Blue Shield | PPO | Catastrophic | | \$ 265.68 | 4 |
| | | Blue Shield | PPO | Bronze | | \$ 288.62 | 317 |
| | | Blue Shield | PPO | Silver | | \$ 339.47 | 6,267 |
| | | Blue Shield | PPO | Gold | | \$ 421.44 | 370 |
| | | Blue Shield | PPO | Platinum | | \$ 539.32 | 101 |
| | | Blue Shield | PPO | HDHP | | \$ 279.53 | 108 |
| | | HealthNet CA | HMO | Silver | | \$ 298.25 | 2,366 |
| | | HealthNet CA | HMO | Gold | | \$ 375.83 | 58 |
| | | HealthNet CA | HMO | Platinum | | \$ 416.69 | 31 |
| | | HealthNet CA | HCSP | Catastrophic | | \$ 230.61 | 5 |
| | | HealthNet CA | HCSP | Bronze | | \$ 292.62 | 45 |
| | | Kaiser | HMO | Catastrophic | | \$ 221.74 | 29 |
| | | Kaiser | HMO | Bronze | | \$ 253.77 | 700 |
| | | Kaiser | HMO | Silver | | \$ 349.92 | 1,993 |
| | | Kaiser | HMO | Gold | Coinsurance | \$ 387.52 | 82 |
| | | Kaiser | HMO | Gold | Copay | \$ 405.56 | 156 |
| | | Kaiser | HMO | Platinum | | \$ 447.62 | 231 |
| | | Kaiser | HMO | HDHP | | \$ 255.86 | 227 |

| Region | Carrier | Network Type | Metal Level | Plan Type | Premium/Mo. | Enrollment |
|--------|---|--------------|-------------|--------------|-----------------------|------------|
| 15 | Los Angeles County ZIP Codes starting with 906 to 912, inclusive, 915, 917, 918, and 935. | Anthem | HMO | Silver | \$ 286.55 | 3,378 |
| | | Anthem | HMO | Gold | \$ 350.66 | 201 |
| | | Anthem | HMO | Platinum | \$ 422.24 | 93 |
| | | Anthem | EPO | Catastrophic | \$ 215.87 | 292 |
| | | Anthem | EPO | Bronze | \$ 255.22 | 2,400 |
| | | Anthem | EPO | Silver | \$ 362.43 | 2,650 |
| | | Anthem | EPO | Gold | \$ 458.09 | 292 |
| | | Anthem | EPO | Platinum | \$ 544.94 | 225 |
| | | Anthem | EPO | HDHP | \$ 249.99 | 1,873 |
| | | Blue Shield | HMO | Silver | \$ 283.97 | 1,234 |
| | | Blue Shield | HMO | Gold | \$ 344.42 | 124 |
| | | Blue Shield | HMO | Platinum | \$ 425.63 | 30 |
| | | Blue Shield | PPO | Catastrophic | \$ 232.47 | 148 |
| | | Blue Shield | PPO | Bronze | \$ 252.53 | 4,705 |
| | | Blue Shield | PPO | Silver | \$ 297.03 | 50,058 |
| | | Blue Shield | PPO | Gold | \$ 368.75 | 3,565 |
| | | Blue Shield | PPO | Platinum | \$ 471.89 | 1,376 |
| | | Blue Shield | PPO | HDHP | \$ 244.58 | 1,739 |
| | | HealthNet CA | HMO | Silver | \$ 269.16 | 31,172 |
| | | HealthNet CA | HMO | Gold | \$ 339.17 | 1,122 |
| | | HealthNet CA | HMO | Platinum | \$ 376.04 | 956 |
| | | HealthNet CA | HCSP | Catastrophic | \$ 211.09 | 120 |
| | | HealthNet CA | HCSP | Bronze | \$ 267.84 | 115 |
| | | Kaiser | HMO | Catastrophic | \$ 202.97 | 904 |
| | | Kaiser | HMO | Bronze | \$ 232.29 | 7,144 |
| | | Kaiser | HMO | Silver | \$ 320.30 | 11,247 |
| | | Kaiser | HMO | Gold | Coinsurance \$ 354.72 | 361 |
| | | Kaiser | HMO | Gold | Copay \$ 371.23 | 961 |
| | | Kaiser | HMO | Platinum | \$ 409.73 | 1,790 |
| | | Kaiser | HMO | HDHP | \$ 234.20 | 2,351 |
| | | L.A. Care | HMO | Catastrophic | \$ 219.08 | 10 |
| | | L.A. Care | HMO | Bronze | \$ 230.73 | 1,697 |
| | | L.A. Care | HMO | Silver | \$ 258.27 | 8,735 |
| | | L.A. Care | HMO | Gold | \$ 304.18 | 396 |
| | | L.A. Care | HMO | Platinum | \$ 353.60 | 298 |
| | | Molina | HMO | Catastrophic | \$ 190.85 | 227 |
| | | Molina | HMO | Bronze | \$ 196.35 | 9,554 |
| | | Molina | HMO | Silver | \$ 250.76 | 15,141 |
| | | Molina | HMO | Gold | \$ 281.09 | 510 |
| | | Molina | HMO | Platinum | \$ 324.81 | 145 |

| Region | Carrier | Network Type | Metal Level | Plan Type | Premium/Mo. | Enrollment |
|--------|---|--------------|-------------|--------------|-----------------------|------------|
| 16 | Los Angeles County ZIP Codes in other than those identified in clause (xv). | Anthem | HMO | Silver | \$ 302.04 | 12,471 |
| | | Anthem | HMO | Gold | \$ 369.64 | 597 |
| | | Anthem | HMO | Platinum | \$ 445.09 | 225 |
| | | Anthem | EPO | Catastrophic | \$ 250.52 | 346 |
| | | Anthem | EPO | Bronze | \$ 296.20 | 5,334 |
| | | Anthem | EPO | Silver | \$ 420.63 | 6,905 |
| | | Anthem | EPO | Gold | \$ 531.66 | 743 |
| | | Anthem | EPO | Platinum | \$ 632.46 | 714 |
| | | Anthem | EPO | HDHP | \$ 290.13 | 2,162 |
| | | Blue Shield | HMO | Silver | \$ 358.23 | 387 |
| | | Blue Shield | HMO | Gold | \$ 434.48 | 34 |
| | | Blue Shield | HMO | Platinum | \$ 536.94 | 12 |
| | | Blue Shield | PPO | Catastrophic | \$ 298.36 | 101 |
| | | Blue Shield | PPO | Bronze | \$ 324.11 | 3,200 |
| | | Blue Shield | PPO | Silver | \$ 381.22 | 31,541 |
| | | Blue Shield | PPO | Gold | \$ 473.27 | 4,433 |
| | | Blue Shield | PPO | Platinum | \$ 605.64 | 1,992 |
| | | Blue Shield | PPO | HDHP | \$ 313.90 | 1,240 |
| | | HealthNet CA | HMO | Silver | \$ 289.12 | 29,918 |
| | | HealthNet CA | HMO | Gold | \$ 364.33 | 1,318 |
| | | HealthNet CA | HMO | Platinum | \$ 403.94 | 947 |
| | | HealthNet CA | HCSP | Catastrophic | \$ 244.42 | 77 |
| | | HealthNet CA | HCSP | Bronze | \$ 310.15 | 58 |
| | | Kaiser | HMO | Catastrophic | \$ 212.51 | 1,804 |
| | | Kaiser | HMO | Bronze | \$ 243.22 | 13,058 |
| | | Kaiser | HMO | Silver | \$ 335.37 | 19,502 |
| | | Kaiser | HMO | Gold | Coinsurance \$ 371.41 | 774 |
| | | Kaiser | HMO | Gold | Copay \$ 388.70 | 1,685 |
| | | Kaiser | HMO | Platinum | \$ 429.01 | 2,558 |
| | | Kaiser | HMO | HDHP | \$ 245.22 | 4,540 |
| | | L.A. Care | HMO | Catastrophic | \$ 229.45 | 36 |
| | | L.A. Care | HMO | Bronze | \$ 241.65 | 2,594 |
| | | L.A. Care | HMO | Silver | \$ 270.49 | 9,123 |
| | | L.A. Care | HMO | Gold | \$ 318.57 | 544 |
| | | L.A. Care | HMO | Platinum | \$ 370.34 | 329 |
| | | Molina | HMO | Catastrophic | \$ 194.95 | 729 |
| | | Molina | HMO | Bronze | \$ 200.57 | 18,668 |
| | | Molina | HMO | Silver | \$ 256.16 | 31,698 |
| | | Molina | HMO | Gold | \$ 287.13 | 1,673 |
| | | Molina | HMO | Platinum | \$ 331.80 | 444 |
| | | Oscar | EPO | Catastrophic | \$ 241.57 | 40 |
| | | Oscar | EPO | Bronze | \$ 255.78 | 1,286 |
| | | Oscar | EPO | Silver | \$ 332.44 | 1,996 |
| | | Oscar | EPO | Gold | \$ 385.13 | 322 |
| | | Oscar | EPO | Platinum | \$ 437.52 | 161 |

| Region | Carrier | Network Type | Metal Level | Plan Type | Premium/Mo. | Enrollment |
|--------|-------------------------------|--------------|-------------|--------------|-----------------------|------------|
| 17 | San Bernardino and Riverside. | Anthem | HMO | Silver | \$ 322.44 | 1,465 |
| | | Anthem | HMO | Gold | \$ 394.60 | 66 |
| | | Anthem | HMO | Platinum | \$ 475.17 | 57 |
| | | Anthem | EPO | Catastrophic | \$ 235.09 | 138 |
| | | Anthem | EPO | Bronze | \$ 277.94 | 1,654 |
| | | Anthem | EPO | Silver | \$ 394.70 | 2,207 |
| | | Anthem | EPO | Gold | \$ 498.89 | 188 |
| | | Anthem | EPO | Platinum | \$ 593.46 | 239 |
| | | Anthem | EPO | HDHP | \$ 272.25 | 730 |
| | | Blue Shield | HMO | Silver | \$ 301.66 | 1,355 |
| | | Blue Shield | HMO | Gold | \$ 365.88 | 115 |
| | | Blue Shield | HMO | Platinum | \$ 452.15 | 16 |
| | | Blue Shield | PPO | Catastrophic | \$ 255.29 | 45 |
| | | Blue Shield | PPO | Bronze | \$ 277.33 | 2,679 |
| | | Blue Shield | PPO | Silver | \$ 326.20 | 23,386 |
| | | Blue Shield | PPO | Gold | \$ 404.96 | 1,911 |
| | | Blue Shield | PPO | Platinum | \$ 518.23 | 770 |
| | | Blue Shield | PPO | HDHP | \$ 268.60 | 1,068 |
| | | HealthNet CA | HMO | Silver | \$ 267.70 | 26,741 |
| | | HealthNet CA | HMO | Gold | \$ 337.33 | 1,511 |
| | | HealthNet CA | HMO | Platinum | \$ 374.01 | 1,265 |
| | | HealthNet CA | HCSP | Catastrophic | \$ 239.00 | 49 |
| | | HealthNet CA | HCSP | Bronze | \$ 303.26 | 25 |
| | | Kaiser | HMO | Catastrophic | \$ 214.57 | 509 |
| | | Kaiser | HMO | Bronze | \$ 245.57 | 7,078 |
| | | Kaiser | HMO | Silver | \$ 338.61 | 12,224 |
| | | Kaiser | HMO | Gold | Coinsurance \$ 375.00 | 386 |
| | | Kaiser | HMO | Gold | Copay \$ 392.46 | 1,163 |
| | | Kaiser | HMO | Platinum | \$ 433.16 | 1,858 |
| | | Kaiser | HMO | HDHP | \$ 247.59 | 2,331 |
| | | Molina | HMO | Catastrophic | \$ 194.95 | 378 |
| | | Molina | HMO | Bronze | \$ 200.57 | 13,873 |
| | | Molina | HMO | Silver | \$ 256.16 | 20,266 |
| | | Molina | HMO | Gold | \$ 287.13 | 1,174 |
| | | Molina | HMO | Platinum | \$ 331.80 | 317 |

| Region | Carrier | Network Type | Metal Level | Plan Type | Premium/Mo. | Enrollment |
|--------|---------|--------------|-------------|--------------|-----------------------|------------|
| 18 | Orange. | Anthem | HMO | Silver | \$ 345.38 | 1,660 |
| | | Anthem | HMO | Gold | \$ 422.71 | 80 |
| | | Anthem | HMO | Platinum | \$ 508.98 | 61 |
| | | Anthem | EPO | Catastrophic | \$ 221.97 | 508 |
| | | Anthem | EPO | Bronze | \$ 262.44 | 8,432 |
| | | Anthem | EPO | Silver | \$ 372.68 | 5,823 |
| | | Anthem | EPO | Gold | \$ 471.06 | 357 |
| | | Anthem | EPO | Platinum | \$ 560.35 | 369 |
| | | Anthem | EPO | HDHP | \$ 257.06 | 3,625 |
| | | Blue Shield | HMO | Silver | \$ 345.88 | 824 |
| | | Blue Shield | HMO | Gold | \$ 419.50 | 128 |
| | | Blue Shield | HMO | Platinum | \$ 518.42 | 38 |
| | | Blue Shield | PPO | Catastrophic | \$ 282.84 | 72 |
| | | Blue Shield | PPO | Bronze | \$ 307.25 | 3,748 |
| | | Blue Shield | PPO | Silver | \$ 361.39 | 34,223 |
| | | Blue Shield | PPO | Gold | \$ 448.65 | 3,592 |
| | | Blue Shield | PPO | Platinum | \$ 574.14 | 1,420 |
| | | Blue Shield | PPO | HDHP | \$ 297.58 | 1,386 |
| | | HealthNet CA | HMO | Silver | \$ 299.37 | 27,152 |
| | | HealthNet CA | HMO | Gold | \$ 377.24 | 822 |
| | | HealthNet CA | HMO | Platinum | \$ 418.26 | 549 |
| | | HealthNet CA | HCSP | Catastrophic | \$ 228.03 | 87 |
| | | HealthNet CA | HCSP | Bronze | \$ 289.34 | 339 |
| | | Kaiser | HMO | Catastrophic | \$ 231.72 | 475 |
| | | Kaiser | HMO | Bronze | \$ 265.19 | 6,270 |
| | | Kaiser | HMO | Silver | \$ 365.67 | 8,856 |
| | | Kaiser | HMO | Gold | Coinsurance \$ 404.96 | 395 |
| | | Kaiser | HMO | Gold | Copay \$ 423.81 | 846 |
| | | Kaiser | HMO | Platinum | \$ 467.76 | 1,387 |
| | | Kaiser | HMO | HDHP | \$ 267.37 | 1,906 |
| | | Molina | HMO | Catastrophic | \$ 221.63 | 100 |
| | | Molina | HMO | Bronze | \$ 228.01 | 7,552 |
| | | Molina | HMO | Silver | \$ 291.21 | 7,679 |
| | | Molina | HMO | Gold | \$ 326.42 | 432 |
| | | Molina | HMO | Platinum | \$ 377.20 | 78 |
| | | Oscar | EPO | Catastrophic | \$ 239.14 | 6 |
| | | Oscar | EPO | Bronze | \$ 253.21 | 642 |
| | | Oscar | EPO | Silver | \$ 329.11 | 1,041 |
| | | Oscar | EPO | Gold | \$ 381.26 | 79 |
| | | Oscar | EPO | Platinum | \$ 433.12 | 60 |

| Region | Carrier | Network Type | Metal Level | Plan Type | Premium/Mo. | Enrollment |
|--------|------------|--------------|-------------|--------------|-----------------------|------------|
| 19 | San Diego. | Anthem | HMO | Silver | \$ 444.04 | 146 |
| | | Anthem | HMO | Gold | \$ 543.43 | 26 |
| | | Anthem | HMO | Platinum | \$ 654.40 | 29 |
| | | Anthem | EPO | Catastrophic | \$ 277.47 | 43 |
| | | Anthem | EPO | Bronze | \$ 328.05 | 1,769 |
| | | Anthem | EPO | Silver | \$ 465.86 | 1,729 |
| | | Anthem | EPO | Gold | \$ 588.81 | 102 |
| | | Anthem | EPO | Platinum | \$ 700.45 | 150 |
| | | Anthem | EPO | HDHP | \$ 321.33 | 632 |
| | | Blue Shield | HMO | Silver | \$ 433.34 | 35 |
| | | Blue Shield | HMO | Gold | \$ 525.59 | 10 |
| | | Blue Shield | HMO | Platinum | \$ 649.53 | 2 |
| | | Blue Shield | PPO | Catastrophic | \$ 317.77 | 25 |
| | | Blue Shield | PPO | Bronze | \$ 345.19 | 1,999 |
| | | Blue Shield | PPO | Silver | \$ 406.02 | 14,689 |
| | | Blue Shield | PPO | Gold | \$ 504.05 | 1,837 |
| | | Blue Shield | PPO | Platinum | \$ 645.04 | 701 |
| | | Blue Shield | PPO | HDHP | \$ 334.32 | 1,085 |
| | | HealthNet CA | HMO | Silver | \$ 306.91 | 18,328 |
| | | HealthNet CA | HMO | Gold | \$ 386.75 | 827 |
| | | HealthNet CA | HMO | Platinum | \$ 428.80 | 528 |
| | | HealthNet CA | HCSP | Catastrophic | \$ 230.33 | 142 |
| | | HealthNet CA | HCSP | Bronze | \$ 292.27 | 602 |
| | | Kaiser | HMO | Catastrophic | \$ 224.30 | 349 |
| | | Kaiser | HMO | Bronze | \$ 256.70 | 8,484 |
| | | Kaiser | HMO | Silver | \$ 353.97 | 12,997 |
| | | Kaiser | HMO | Gold | Coinsurance \$ 392.00 | 340 |
| | | Kaiser | HMO | Gold | Copay \$ 410.25 | 1,106 |
| | | Kaiser | HMO | Platinum | \$ 452.80 | 1,424 |
| | | Kaiser | HMO | HDHP | \$ 258.82 | 2,921 |
| | | Molina | HMO | Catastrophic | \$ 225.72 | 22 |
| | | Molina | HMO | Bronze | \$ 232.24 | 9,779 |
| | | Molina | HMO | Silver | \$ 296.60 | 13,390 |
| | | Molina | HMO | Gold | \$ 332.47 | 502 |
| | | Molina | HMO | Platinum | \$ 384.19 | 140 |
| | | Sharp | HMO | Catastrophic | \$ 201.37 | 830 |
| | | Sharp | HMO | Bronze | \$ 250.14 | 9,891 |
| | | Sharp | HMO | Silver | \$ 375.29 | 2,645 |
| | | Sharp | HMO | Silver | \$ 355.55 | 7,419 |
| | | Sharp | HMO | Gold | \$ 431.88 | 537 |
| | | Sharp | HMO | Gold | \$ 419.19 | 798 |
| | | Sharp | HMO | Platinum | \$ 488.47 | 517 |
| | | Sharp | HMO | Platinum | \$ 468.01 | 805 |
| | | Sharp | HMO | HDHP | \$ 252.25 | 2,226 |

Appendix 6: Covered California Enrollment and Revenue Forecast

The following describes the forecasting methodology used to develop the enrollment and revenue outlook to support the Exchange's fiscal year 2017-18 budget (source: *Covered California Fiscal Year 2017-18 Budget*, August 17, 2017).

VI. Covered California Enrollment and Revenue Forecast

The enrollment and revenue forecast used for the FY 2017–18 budget was informed by modeling done by PricewaterhouseCoopers in partnership with the University of California. The forecast relies on the experience gained from 37 months of active enrollment through the fourth open-enrollment period that ended on Jan. 31, 2017. The enrollment activity achieved during this open enrollment was consistent with the FY 2016–17 forecast, which projected that Covered California had entered a phase of stable enrollment. Open enrollment for the 2017 benefit year resulted in enrollment in line with the Base Estimate of approximately 1.4 million enrollees. The Base Estimate used in the FY 2017–18 forecast continues to project a stable enrollment outlook going forward, but Covered California has modeled alternate enrollment to reflect the uncertainty of the political environment.

The Base Estimate takes into consideration two factors that affect the overall enrollment trend. Covered California has adopted a policy of pre-verification of qualifying life events that allows individuals to enroll during special enrollment. Based on survey evidence, this policy could notably dampen the pace of enrollment outside of open enrollment. Conversely, based on a market analysis completed by PricewaterhouseCoopers (PwC) in 2016, the scheduled increase in California's minimum wage anticipates additional enrollment by boosting income for those near the subsidy-eligibility range that could shift people from Medi-Cal to Covered California.

Effective January 2017, Covered California's assessment fee switched from a flat per-member, per-month fee to a percentage assessment on total premiums paid. Currently at 4 percent, this fee is being assessed on Covered California's 1.4 million enrollees. In addition, there are approximately 800,000 people in the individual market who benefit from the rates negotiated by Covered California, even though they are not directly enrolled through the exchange. The Affordable Care Act requires the rates for these on- and off-exchange plans be the same. Since the specific health plan products offered by Covered California represent approximately 62 percent of the total enrollment in individual coverage, the Affordable Care Act assessment essentially requires the health plans to spread the assessment fee across the entire individual market. To the extent that carriers have members who do not purchase through Covered California, but who pay the same rate, the actual assessment is spread across the entire individual market for those health plans offered by Covered California. With this budget, Covered California will maintain the 4 percent on-exchange assessment, which converts to an estimate that the actual average effective assessment rate is approximately 2.5 percent across the entire individual market.

Forecasting Potential Enrollment

The 2016 enrollment forecast, used for the FY 2016–17 budget, was based on the experience and lessons learned in 2015 as well as insights from the market analysis completed by PwC and the University of California. Adding to these insights, the 2017 forecast reflected the experience of an additional year of enrollment history. Based on the 2016 benefit year and the 2017 open-enrollment experience, Covered California's Base Estimate is that it will see stable enrollment going forward with the exception of the impact of more stringent pre-verification of qualifying life events beginning with 2018 special enrollment. This "stable enrollment" is based on Covered California's maintaining its significant marketing, outreach and customer service investments — all of which contribute to both our retention of existing insured and the ability to enroll about 700,000 new enrollees needed to maintain the same overall enrollment figure.

Table 2 summarizes the Base Estimate's revenue projections derived from the individual market and Covered California for Small Business forecasts. Due to the assumed impact of pre-verification beginning with 2018 special enrollment, projected enrollment during FY 2017–18 is approximately 60,000 lives, or 4 percent, below the 2016 forecast for this period.

TABLE 2
Covered California Revenue and Outlook Enrollment Summary
(Base Estimate)

| Market | PMPM Revenue (\$millions), Cash Basis | | | | |
|-----------------------------------|---------------------------------------|---------|---------|---------|---------|
| | 2016-17 | 2017-18 | 2018-19 | 2019-20 | 2020-21 |
| Individual Market - Medical | \$234.6 | \$302.5 | \$311.6 | \$313.4 | \$311.2 |
| Individual Market - Dental | \$1.1 | \$1.1 | \$1.1 | \$1.1 | \$1.2 |
| CCSB | \$6.4 | \$10.8 | \$13.0 | \$16.6 | \$19.5 |
| Total Revenue | \$242.1 | \$314.4 | \$325.8 | \$331.0 | \$331.9 |
| Effectuated Enrollment (year-end) | 1.37 | 1.32 | 1.31 | 1.31 | 1.33 |

Key Assumptions of the Individual Market Base Estimate

This projection begins after the fourth open enrollment period and takes into account the following factors, each of which is then described in more detail:

- The number of new consumers who chose health plans during open enrollment.
- The pace that new enrollees acquired coverage through Covered California during 2016 special enrollment and the likely impact of pre-verification.
- The rate at which enrolled individuals leave Covered California through termination or by failing to renew coverage.
- The likelihood that an individual who selects a plan will pay his or her premium.

- The impact of rising minimum wage on the subsidy-eligible population.
- Potential medical cost trends reflected in premiums.

Health Plan Selections During Open Enrollment

During the 2017 open enrollment, approximately 412,000 new consumers signed up for coverage. The forecast projects that a comparable level of new consumers will select plans during future open-enrollment periods.

Monthly Enrollment Rate During Special Enrollment

During the entire 2016 special-enrollment period (April through December), plan selections averaged 33,700 per month. This pace is expected to slow noticeably beginning in 2018. Covered California plans to implement pre-enrollment verification of consumers' eligibility for special enrollment in 2018. Based on a random sampling of special-enrollment enrollees to verify their qualifying life event that they had self-certified prior to enrollment, 28 percent of the sampled enrollees either (a) responded and were determined ineligible, (b) did not respond and were then unenrolled, or (c) had already unenrolled. A special enrollment verification on the federal exchange indicated a non-verification rate of 20 percent. While non-verification of eligibility does not mean consumers are not in fact eligible, for this forecast, the special enrollment assumption was reduced 25 percent from historic trends. Combining this adjustment with the increase in the minimum wage resulted in a net reduction in the assumed average special-enrollment pace to 24,800 as the base monthly enrollment assumption for 2018 and beyond.

Effectuation Rate

Based on the experience of 2016 and the fourth open enrollment, 80 percent of new enrollees during open enrollment will pay at least their first month's premium. Likewise, during special enrollment, 69 percent of enrollees on average will make their first payment. These rates are comparable to those used in previous forecasts.

Disenrollment Rate

Based on the experience of 2016, the forecast projects that, on average, 3 percent of enrollees will leave Covered California each month and 17.2 percent of those enrolled at the end of the year will not renew coverage.

Subsidized and Unsubsidized Enrollments

In line with the previous forecast, this outlook projects that 90 percent of enrollees qualify for financial assistance on average.

Impact of Rising Minimum Wage

The base forecast projects that the scheduled escalation of California's minimum wage will result in additional enrollment of individuals as they become eligible for subsidies and transition from Medi-Cal. The assumed enrollment impacts were derived from estimates produced by PwC as part of its 2016 market analysis. Given the stability of enrollment through the latest open enrollment, the projected impact going forward is

approximately one-fourth of the potentially newly eligible. The previous forecast assumed one-third of the newly eligible would enroll.

Revenue and Change in Health Insurance Premiums

The revenue forecast reflects the shift to a percent of premium assessment in 2017, with a rate of 4 percent of gross health insurance premiums through 2018, which equates to 2.6 percent across the entire individual market for plans controlled by Covered California. The base forecast currently projects its assessment rate to gradually decrease to 3.25 percent by 2021, which equates to 2.1 percent across the entire individual market for the plans contracted by Covered California.

The projected premium growth for the Base Estimate assumes an underlying 7 percent-per-year medical trend driven by annual cost increases in hospital services, professional medical services and pharmaceuticals. In 2018, the renewal of the health insurance provider fee will boost that growth rate to 9 percent for that year only. The assumed cost, and thus premium, growth trend in the forecast is 7 percent per year thereafter.

According to the base enrollment outlook, annual individual plan assessments are projected to decrease as a percentage of premiums, as total premiums increase, in upcoming years. On a cash basis, Covered California received \$235.7 million in individual market revenues in FY 2016–17, and projects to have \$302.5 million in 2017–18, \$311.6 million in 2018–19, \$313.4 million in 2019–20 and \$311.2 million in 2020–21.

Forecast Uncertainties

The greatest uncertainties facing Covered California's enrollment and revenue outlook stem from the potential for major federal legislative or regulatory actions to change key provisions of the Affordable Care Act. The new administration has been working with Congress to pass legislation that could substantially alter the nature of the tax credit subsidies, abolish the individual mandate, change the regulatory basis for premium setting, and/or change a variety of other provisions of the Affordable Care Act. It is possible that some changes could be made by executive order without legislation. At this point, none of the changes being considered has been enacted, but legislation — the American Health Care Act (AHCA) — was passed by the U.S. House of Representatives and will now be considered by the Senate.

To prepare for a range of outcomes that could result from these efforts, Covered California engaged PwC to supplement their work on the 2016 Market Analysis, which evaluated some of the potential policy changes now being considered. The supplemental analysis focused on several key changes that were included in the AHCA.

Of the policy changes analyzed, the elimination of the individual mandate would have the most negative short-term impact on enrollment with Covered California. Based on the PwC analysis, if the enforcement of the individual mandate ended, open enrollment and special enrollment plan selections would drop significantly, leading to a decline in enrollment potentially in excess of 400,000 by the end of 2018. Additionally, the losses

would be weighted to individuals with better health status, which would lead to a deterioration in the risk mix and an increase in premiums.

This enrollment decline would be dramatic, representing nearly one-third of Covered California's enrollees. While this would have huge negative impacts on the hundreds of thousands of Californians who would either choose to or would be forced to go without coverage, from Covered California's financial perspective, this loss could be manageable. Covered California plans to maintain reserves adequate to cover between nine and 12 months of operating costs. The FY 2017–18 multi-year spending plan projects ending the year with 11 months of reserves.

Supplemental Adult Dental Forecast

In 2016, Covered California added dental coverage for adults as a supplemental benefit. Pediatric dental coverage is defined by law as an "essential health benefit" and has always been part of our offerings. As a supplemental benefit, purchase by consumers is voluntary and there are no federal subsidies to reduce the cost of those premiums. The forecast of dental coverage in the individual market extends to 2021. For the first three months of 2016, about 12 percent of those who enrolled or renewed signed up for dental coverage. The dental forecast projects the same 12 percent rate of enrollment through 2021. In 2017, the revenue assessment shifts to a percentage of premium similar to that of the individual market program for health plans. Premium growth for dental insurance assumes the same rate of growth as the medical program (see the "Revenue and Change in Health Insurance Premiums" section). The revenue projected in the dental forecast reflects premium growth and an assessment rate, 4 percent of gross premiums, equal to the individual medical forecast. The base dental forecast projects that \$1.1 million in dental assessment revenues will be generated annually from FY 2017–18 through FY 2020–21.

Covered California for Small Business Forecast

The enrollment outlook of Covered California for Small Business (CCSB) builds on the operational improvements (e.g., group onboarding at, or better than, industry standard; timely commission payments; quickly resolving account maintenance issues), and better support from our agents and brokers. The CCSB program anticipates that enrollment will continue to grow in 2018. The sales and operations teams are continuing to improve and maintain better relationships with brokers. The focus continues to be on expanding activities such as implementation of agency-level agreements and strategic technology implementations. They continue to focus on group retention by improving communication outreach.

Key Assumptions of the Covered California for Small Business Market Forecast

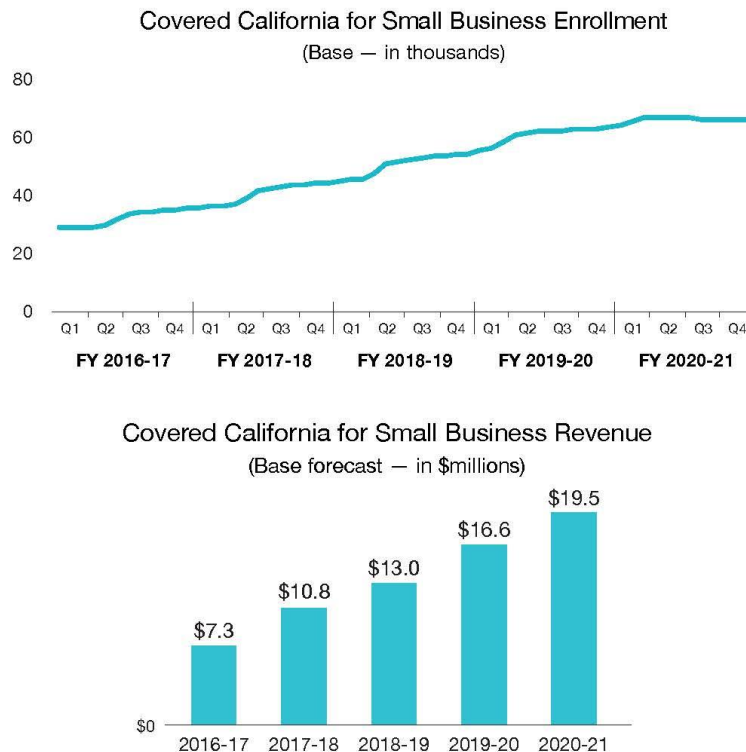
Because of these anticipated improvements and the trends seen over the past year, overall CCSB enrollment is expected to rise modestly through FY 2020–21. Similar to the individual market enrollment projections, a Base Estimate enrollment forecast has been developed. (See Figure 1.) The updated forecast is built on the experience of the

past three years and takes into account the overall size and expected growth of the small business exchange market in California. CCSB currently represents about 8 percent of the exchange market. The base forecast assumes that expected program improvements will grow CCSB market share to 9 percent in 2019. Thereafter, CCSB enrollment growth will keep pace with the anticipated growth of the small business exchange market.

Beginning in 2017, the Covered California assessment rate was based on a percentage of gross health plan premium at 5.2 percent. For plan year 2018, this rate will be continued at 5.2 percent.

FIGURE 1

**Covered California for Small Business
Base Estimate Enrollment and Revenue Scenarios**



Covered California for Small Business Sensitivity Analysis

The base enrollment forecast assumes a moderately improved market share for CCSB. The low alternative assumes that CCSB does not keep pace with the overall small-business exchange market and its share drops from its current 8 percent to

approximately 6 percent. The high alternative assumes that the share increases to 20 percent by 2020 and then keeps pace with overall market growth. (See Table 3.)

TABLE 3

Covered California for Small Business

| Fiscal Year | Fiscal Year End Enrollment | | | | | Revenue (\$millions) | | | | |
|-------------|----------------------------|---------|---------|---------|---------|----------------------|---------|---------|---------|---------|
| | 2016-17 | 2017-18 | 2018-19 | 2019-20 | 2020-21 | 2016-17 | 2017-18 | 2018-19 | 2019-20 | 2020-21 |
| High | 36,682 | 54,210 | 88,261 | 129,400 | 170,480 | \$7.3 | \$11.1 | \$18.5 | \$31.1 | \$44.8 |
| Base | 35,251 | 44,314 | 54,288 | 63,459 | 67,176 | \$7.3 | \$10.8 | \$13.1 | \$16.7 | \$19.6 |
| Low | 34,861 | 40,022 | 44,564 | 49,303 | 53,670 | \$7.3 | \$9.3 | \$11.2 | \$13.2 | \$15.3 |